

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21228

1. PLACE OF DEATH

County Macon
Township Union
City (No., St. Ward)

Registration District No. 533
Primary Registration District No. 5713

File No.
Registered No. 57

2. FULL NAME Mrs Anna Isadine

(a) Residence. No. St. Ward. Lancaster Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Isadine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Schuyler Co. Mo
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER Chas O. Everly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Rachel Snell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT (Address) J. H. Isadine
Lancaster Mo

15. FILED 6/21 1928 Mrs Luke Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from May 17 1928 to June 1 1928 that I last saw h. r. alive on June 1 1928 and that death occurred, on the date stated above, at 8:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis (Lethargica)

17 23 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Lancaster Mo

8 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & mental findings
(Signed) F. M. Still 1928 M.D.
6/1 1928 (Address) macon Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, OR REMOVAL DATE OF BURIAL
Lancaster Mo 6/2 1928

20. UNDERTAKER ADDRESS
Albert Skinner Macon Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

F. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

