

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

N. 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.

APR 25 1934

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

Do not use this space.

10221
61

1. PLACE OF DEATH
 County St. Francois Registration District No. 774
 Township St. Francois Primary Registration District No. 4405
 City Flat River (No. _____) St. _____ Ward _____

2. FULL NAME Anna Rachel Rabadue
 (a) Residence, No. Flat River Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Rabadue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 9 14

OCCUPATION
 8. Trade, profession, or particular kind of work, e.g., sawyer, bookkeeper, etc. housekeeper
 9. Industry or business in which work was done, e.g., mill, saw mill, bank, etc. work home
 10. Date deceased last worked at this occupation (month and year) 3-8-34 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spencer Ind.

FATHER
 13. NAME J. O. Christian
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME Mary Ellen Christian
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. John Rabadue
 (ADDRESS) Flat River

18. BURIAL, CREMATION, OR REMOVAL St. Francis 34
O. O. C. Cemetery DATE 3-11 1934

19. UNDERTAKER Calderwell Bros
 (ADDRESS) Flat River Ind

20. FILE 214 1934 B. Thayer
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1934 to Mar 8 1934
 I last saw h. e. r. alive on Mar 8 1934. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Rabau pneumonia
myocarditis
105
100
95
91
 Date of onset Mar 1

Other contributory causes of importance:
Arterio sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cx Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) C. H. Appleberry, M. D.
 (Address) Flat River Ind

