

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

Do not use this space.

13720

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 274  
 6 Township Flat River Primary Registration District No. 0000 File No. 278  
 6 City Flat River (No. 4465) Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anna Belle Shannon  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13<sup>th</sup> 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 335

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

MOTHER / FATHER 13. NAME Clonzo B. Meredith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

MOTHER 15. MAIDEN NAME Anie Mae Williamson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 21

17. INFORMANT John Shannon  
 (ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cemetery DATE 4-17-32

19. UNDERTAKER Baldwell Bros  
 (ADDRESS) Flat River, Mo.

20. FILED April 22, 1932 W. J. Bryan  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Encephalitis lethargica Date of onset 4-7-32  
17  
114B / 17

Other contributory causes of importance: lung abscess 3.25.32

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) W. J. Bryan M. D.

(Address) Flat River

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.

MAY 28 1932

