

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 8th
 Township St. Joseph Primary Registration District No. 100th
 City St. Joseph (No. 639 No. 8th St.) St. Ward

File No. 19562
 Registered No. 698

2. FULL NAME

Emma C. Anthony
 (a) Residence, No. 639 No. 8th St. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 47 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George C. Anthony

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>77</u>	<u>5</u>	<u>13</u>	

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

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

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) Clarksdale, Mo.

FATHER 13. NAME J. J. Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, Mo.

MOTHER 15. MAIDEN NAME Charity Ann Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

17. INFORMANT Mrs. Smith Turner (ADDRESS) 639 No. 8th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale, Cemetery DATE June 16, 1934

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faxon St. St. Joseph, Mo.

20. FILED JUN 15 1934 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1934 1934

22. I HEREBY CERTIFY that I attended deceased from Oct 1 1933, to June 14 1934

I last saw her alive on June 12 1934. Death is said to have occurred on the date stated above, at 2:20 m. A. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage - Date of onset June 11/34
Previous attack with
Right Hemiplegia & Aphasia
Oct 1-1933

Other contributory causes of importance: Permeous Arteriosclerosis Unknown

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) Clarence H. Gail, M. D.
 (Address) Tootle Bldg., St. Joseph, Mo.

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.

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

JUN 11 1934

