

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

Do not use this space.

122

**1. PLACE OF DEATH**

County Benton  
Township White  
City Worcester (No. ....)

Registration District No. 11  
Primary Registration District No. 13-093-2

File No. ....  
Registered No. 287  
St. .... Ward

**2. FULL NAME**

Mrs. Anna Leach

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

widow

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

widow of Levi Leach

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

March 4 1872

**7. AGE**

| YEARS     | MONTHS    | DAYS     | IF LESS than 1 day, hrs. or min. |
|-----------|-----------|----------|----------------------------------|
| <u>57</u> | <u>10</u> | <u>7</u> |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

don't know Ill.

**10. NAME OF FATHER**

Mathew Ferguson

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

don't know Ill.

**12. MAIDEN NAME OF MOTHER**

Matilda Craig

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

don't know Penn

PARENTS

**14. INFORMANT (Address)**

Ellen Broadway Harrison, Mo.

**15. FILED**

3/3, 1930 E. L. Rhodes REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 11 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Dec 9, 1929, to Jan 11, 1930, that I last saw her alive on Jan 8, 1930, and that death occurred, on the date stated above, at 8:35 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of the Stomach  
leukemia 1 1/2  
..... (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

44-10 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS: Operation  
(Signed) S. O. Stratton, M. D.  
, 19 (Address) Lincoln

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL**

S. B. Calvert Methu Jan 13 1930

**20. UNDERTAKER ADDRESS**

Lincoln Mo.

25  
 2  
 2  
 Every item of information secured here is carefully checked. A copy should be sent to the state health department. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

