

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

Do not use this space.

1672

**1. PLACE OF DEATH**

County Johnson Registration District No. 431  
Township Warrensburg Primary Registration District No. 3027  
City Warrensburg (No. .... St. .... Ward)

**2. FULL NAME** Anna May Mohler

(a) Residence. No. 200 Tyler. St. .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 23 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
72. 1 3

**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).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) McKeesport,  
(STATE OR COUNTRY) Pennsylvania,

10. NAME OF FATHER Ephriam Davis,  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn,  
12. MAIDEN NAME OF MOTHER Caroline Stevens  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Mrs Henly Stacy,  
(Address) Leeton, Mo.

15. Jan 9, 1930 Mrs Patterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6, 1930,

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929 to Jan 6, 1930 that I last saw h. .... alive on Jan 6, 1930, and that death occurred, on the date stated above, at ..... m.

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

Carcinoma of  
stomach  
40 (duration) 1 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 1929  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) John P. Sweeney, M. D.  
, 18 (Address) Warrensburg

\*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, CREMATION, OR REMOVAL Mineral Creek, Leeton, Mo DATE OF BURIAL 1/8 1930

20. UNDERTAKER S. P. Sweeney ADDRESS Warrensburg, 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.

