

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

Do not use this space.

27797

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Kirkwood (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 176

2. FULL NAME

Anna J. Mahrey
 (a) Residence. No. 631 E. Jefferson St., _____ Ward. Kirkwood
 (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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. W. Mahrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 - 1856

7. AGE
 YEARS 73 MONTHS 10 DAYS 25
 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Joel H. Welborn

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

12. MAIDEN NAME OF MOTHER Harriett Louisa Welborn

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

14. INFORMANT Thos. W. Mahrey
 (Address) 631 E. Jefferson, Kirkwood, Mo.

15. FILED 9/9 1930 C. E. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 2 - 1930 to Aug - 27 - 1930
 that I last saw him alive on Aug 21, 1930 and that death occurred, on the date stated above at 792 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of colon
4 1/2 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic indigestion
Nephritis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH Yes DATE OF July 3, 1930

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Clinical & X-ray
 (Signed) H. W. Gardner M. D.

*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 Cat Hill Cemetery **DATE OF BURIAL** 8/24/1930

20. UNDERTAKER Louis H. Bopp **ADDRESS** Kirkwood, Mo.

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.

OCT

1 1930

