DEC 29 1930

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

Do not use this space.

36593

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 4249 — Registered No. 95

City Festus (No. ..... St. ..... Ward)

2. FULL NAME Anna Siebert

(a) Residence. No. N. Adams St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	7	1	

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) General Housekepping
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Piolet Knob Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lawerence Wehner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER F. Glimmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Clarence Siebert
(Address) Festus Missouri

15. FILED 11/6, 1930 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from October 1st, 1930, to November 5, 1930 that I last saw her alive on November 5, 1930, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
Heart (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) General Metastasis of Carcinoma in Lower abdomen & Chest (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? Radium Treatment DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) J. L. Cummerford, M. D.
Nov 6, 1930 (Address) Crystal City Mo

*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 Piolet Knob, Mo — DATE OF BURIAL Nov. 9, 1930

20. UNDERTAKER Duester & Vangard — ADDRESS Festus 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.