

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

Do not use this space.  
**40319**

1. PLACE OF DEATH  
 County Polk Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No. ....) St. .... Ward ....

2. FULL NAME Mrs Anna Gold  
 (a) Residence. No. 517 No Grand St. 1 Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 50 yrs. mos. da. , How long in U.S., if of foreign birth? yrs. mos. da.

File No. ....  
 Registered No. 318

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 - 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>65</u>	<u>10</u>	<u>10</u>	<u>19</u>	

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) Retired  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lake Park  
 (STATE OR COUNTRY) Ark

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Annanda Magfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

PARENTS

14. INFORMANT Mrs Cleo Hays  
 (Address) Sedalia Mo

15. FILED 12.3.1930 J. J. Love  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 1929, 19....., to Dec 3, 1930 that I last saw her alive on Dec 2, 1930, and that death occurred, on the date stated above, at 2:20 PM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of sigmoid  
41c  
110B  
 (duration) 1 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Pleurisy with effusion  
 (duration) 3 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
0 DID AN OPERATION PRECEDE DEATH? DATE OF .....  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) A. L. Walter, M. D.  
Dec 5, 1930 (Address) 120 W 5 Sedalia 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 Smithton Mo DATE OF BURIAL 12/5 1930

20. UNDERTAKER M<sup>r</sup> Laughlin Bros ADDRESS Sedalia

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 OCCASION is very important.

21 1930

