

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

Do not use this space.

PLACE OF DEATH

County Bates
Township Amoret Mo
City Amoret Mo (No. 4025)

Registration District No. 48
Primary Registration District No. 5072

File No. 111
Registered No. 4
St. 85 Ward

2. FULL NAME Anna Aline Mc Chesney
(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. 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 (Circle the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Mc Chesney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
69 8 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
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Lexington
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Buscoe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union 31
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wicks

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

14. INFORMANT Mr. James Mitchell
(Address) Amoret Missouri

15. FILED Feb 11 1931 Viola Sells
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1931, to Jan 4 1931, that I last saw her alive on Jan 4 1931, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A

CONTRIBUTORY (SECONDARY) 82 A
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J M Smith M. D.

, 19 Amoret mo (Address)

*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 Richland Cemetery DATE OF BURIAL Jan 6 1931

20. UNDERTAKER Stanley Ray Pleasanton ADDRESS Kansas

WHILE PLAINLY 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.

18 1931

