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.

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

Do not use this space.

266

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 83
City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Anna Marti
(a) Residence. No. 913 Mitchell Ave. 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 (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Marti
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 16 1842
7. AGE: Years 88 — Months 6 — Days 4 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(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): Switzerland

PARENTS
10. NAME OF FATHER: Snyder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: Ernest Marti
(Address): St. Joseph, Mo.
15. FILED: JAN 22 1931 — John G. Itt, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 20, 1931
17. I HEREBY CERTIFY, That I attended deceased from January 14, 1931, to January 20, 1931, that I last saw her alive on January 20, 1930, and that death occurred, on the date stated above, at 11:45 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulation of the uterus & bladder with abscess of bladder from complete prolapse uterus
(duration) 40 years prolapsing
Strangulation 2 to 3 weeks
CONTRIBUTORY (SECONDARY): Bronchial Pneumonia
(duration) yrs. mos. 2 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Methodist Hospital
DID AN OPERATION PRECEDE DEATH? Yes DATE OF January 16 1930
under local anesthesia
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical Symptoms
(Signed) Cecil Potter, M. D.
1/21, 1931 (Address) St. Joseph, Missouri

*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: Ashland — DATE OF BURIAL: Jan. 23, 1931
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun