

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

Do not use this space.

1747

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. 7)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Anna Hesper Ferris  
(a) Residence No. St. John's Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) mar.

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Joseph Ferris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55      10      12

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Home wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Lebanon  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Salah Dabour

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Assyria  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Assyria  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Joseph Ferris  
(Address) 317 So. Mineral

15. FILED 1/25, 1931 W. Beman Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Jan 23, 1931, that I last saw h. es alive on Jan - 23, 1931, and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage

82A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) SW (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) H. P. Powers, M. D.

1-24, 1931 (Address) Joplin 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 St. Hope Cem. DATE OF BURIAL Jan 26 1931

20. UNDERTAKER Frank Pierce ADDRESS Joplin 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.

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MAR 28 1931

