MAR 23 1931

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

Do not use this space.

4709

1. PLACE OF DEATH
County Buchanan
Township Washington
City St. Joseph
Registration District No. 86
Primary Registration District No. 5127
(No. 6802 Binswanger St., St. Ward)
File No.
Registered No. 17

2. FULL NAME Anna C. Smith
(a) Residence. No. 6802 Binswanger St. 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. 2 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: John W. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 3, ~~1857~~ 1856

7. AGE: Years ~~73~~ 74; Months 3; Days 4; If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 2
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cane Co.
(STATE OR COUNTRY) Ill. 2

PARENTS
10. NAME OF FATHER: Nels Castlemar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER: Zilpha Wires
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York

14. INFORMANT: Basil Sturgis
(Address) Route # 7 St. Joseph, Mo.

15. FILED 2-7, 1931 J. J. Bauschard REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 7, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to Jan 26, 1931, that I last saw her alive on Jan 26, 1931, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11A
93A
Acute Myocarditis
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Influenza with acute Bronchitis
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. A. Robertson, M. D.
Febr. 7, 1931 (Address) St. Joseph 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: King Hill Cem.
DATE OF BURIAL: Feb. 9 1931

20. UNDERTAKER: Fred D Clark
ADDRESS: 5025 King Hill Av.

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.