

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

Do not use this space.

22913

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....

791
1003

File No.....
Registered No. 6347
St..... Ward)

2. FULL NAME

(a) Residence, No. 16 Sylvester Ave, St. 125 Ward. Webster Groves Mo
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

Anna M. Kone

Webster Groves Mo
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF *Wm J. Kone*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 13 - 1851*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>79</i>	<i>5</i>	<i>23</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *Virginia*
(STATE OR COUNTRY)

10. NAME OF FATHER *Jesse G Adams*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Virginia*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Amahempkin*

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

14. INFORMANT *J. P. Gagliardi*
(Address) *Webster Groves, Mo*

15. FILED *Mar 2 Standen*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 6 1931*

17. I HEREBY CERTIFY That I attended deceased from *Jan 19 1931* to *Apr 6 1931* (that last saw h. alive on *Apr 6 1931*, and that death occurred, on the date stated above, at *20 m.*)

THE CAUSE OF DEATH* WAS AS FOLLOWS: *6 P.*

Carcinoma Tongue with cervical metastases

CONTRIBUTORY (SECONDARY) *45 B* (duration) yrs. mos. da.
45 B (duration) yrs. mos. da.

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? *Microscopic*

(Signed) *James Barrett Brown, M. D.*

, 19 *400 Metropolitan Bldg* (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 *Lynchburg, Virg* DATE OF BURIAL *June 7 1931*

20. UNDERTAKER *Mullen 5165 Webster* ADDRESS

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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