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.

AUG 29 1931

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

Do not use this space.

27326

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. Yater
Registered No. 181

2. FULL NAME Anna Mae Birdsie
(a) Residence, No. 620 N Washington 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Birdsie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1881
7. AGE 50 YEARS MONTHS 2 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Missouri

FATHER
13. NAME William Whaley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

MOTHER
15. MAIDEN NAME Anna Roland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT (ADDRESS) William Whaley Nevada Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood Cemet DATE July 23 1931
19. UNDERTAKER (ADDRESS) Terry Funeral Home Nevada Mo
20. FILED 8-4-1931 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21 1931
22. I HEREBY CERTIFY, That I attended deceased from 7/20 1931, to 7/31 1931
I last saw her alive on 7/21 1931 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Duodenum
46B
460

Date of onset

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Pa autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J M Yater, M. D.
(Address) Nevada Mo