

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

Do not use this space.

29723

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1008*
(No. *5219* *Miami St.*)

File No.....
Registered No. *8756*
St. Ward)

2. FULL NAME

Anna Courtney

(a) Residence. No. *5219 Miami* St., *14* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William P. Courtney*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 13-1893*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 2 1

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

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *Egypt Martin*

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

12. MAIDEN NAME OF MOTHER *Catherine Dowdy*

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

14. INFORMANT *William P. Courtney*
(Address) *5219 Miami St.*

15. FILED *AUG 15, 1931* REGISTRAR *W. C. Standley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 14 1931*

17. I HEREBY CERTIFY, That I attended deceased from *April* 1930, to *Aug 14* 1931, that I last saw her alive on *Aug 13* 1931, and that death occurred, on the date stated above, at *7:35 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anaemia
11A
(duration) *1* yrs. *4* mos. ds.

CONTRIBUTORY (SECONDARY) *NO*
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Clarence G. Gibson, M. D.*

Aug 14, 1931 (Address) *St. Louis, 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 *Calvary Cemetery* DATE OF BURIAL *Aug 17 1931*

20. UNDERTAKER *Calloway Bros 1710 N Grand* 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.

1870

1870