

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

Do not use this space.

30592

30592

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 955

2. FULL NAME Anna Cecelia Parry
 (a) Residence, No. 602 North 8th Street St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Parry		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 25. 1863		
7. AGE	YEARS	MONTHS
	68	3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		None
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
		20
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Philadelphia		
13. NAME John McCartney		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Philadelphia		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown		
17. INFORMANT (ADDRESS) Helen Parry 602 North 8th Street		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery DATE Sept. 16th 1931		
19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Street		
20. FILED SEP 15 1931 John B. Bunker Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 15, 1931**

22. I HEREBY CERTIFY, That I attended deceased from 9/14/31, 1931, to 9/14/31, 1931.
 I last saw him alive on 9/14/31, 1931. Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:
acute manic psychosis
24
189
 Other contributory causes of importance:
starvation & exhaustion

Name of operation no Date of _____
 What test confirmed diagnosis? history Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) C. H. Waller, M. D.
 (Address) 307 N. 8th St. Joseph Mo.

WRITE FULLY, 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.

OCT 22 1931

2. (b)