

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

Do not use this space.

31345

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Yrean Primary Registration District No. 1002
 City Yrean (No. 75 C. General Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 3842
 St. _____ Ward _____

2. FULL NAME Anna Davis

(a) Residence, No. 512 W. 11th St. 7 Ward _____

Length of residence in city or town where death occurred 12 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*) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Davis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1873
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 1 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Catonsville New York

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Rebecca Crowe (ADDRESS) 75 C. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Sept 17, 1931

19. UNDERTAKER Arthur B. Gappner (ADDRESS) 75 C. General Hosp.

20. FILED 9/17, 1931 M. M. Crowe and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1931 to 9-15, 1931.
 I last saw her alive on 9-15, 1931 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Tongue with Metastasis
459 4513
 Other contributory causes of importance: _____
 Date of onset: _____

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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 PE Williams (Signed) _____ M. D.
 (Address) Supvt 75 C. Gen Hosp 75 C. Hos

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

