

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

Do not use this space.

Act of
19208

1. PLACE OF DEATH

39 County Franklin Registration District No. 318
3 Township Franklin Primary Registration District No. 2001
5 City Springfield (No. 1493) Franklin St. _____ Ward _____

2. FULL NAME

Anna Struck
(a) Residence, No. 1493 S. Kimbrough St., _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Struck

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 9 0 _____

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. 235
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) Ill _____

MOTHER 13. NAME Edna Keidung _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill _____

15. MAIDEN NAME Don't know _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill _____

17. INFORMANT (ADDRESS) John Struck _____
1493 S. Kimbrough

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 6/5 - 1920

19. UNDERTAKER (ADDRESS) W. F. Torrey _____
Springfield, Mo.

20. FILED 6-2-32 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-20
22. I HEREBY CERTIFY, That I attended deceased from 5/30 1920, to 6-7 1920
I last saw him alive on 6-2 1920. Death is said to have occurred on the date stated above, at 5:30 pm.
The principal cause of death and related causes of importance were as follows:

50 45 13 1
Cancer of Breast
Heart disease
Other contributory causes of importance:
50

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. C. Cox, M. D.
(Address) Springfield, Mo.

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.

JUL 13 1920

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