

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.

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

Do not use this space.

✓ 21567

1. PLACE OF DEATH

County Registration District No. 792
Township Primary Registration District No. 10053
City St. Louis (No. St. Lukes Hosp)

File No.
Registered No. 6136
St. Ward)

2. FULL NAME

Anna F. Williford

(a) Residence, No. 5032 Chippewa 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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. E. Williford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24, 1881</u>		
7. AGE	YEARS	MONTHS
<u>57</u>	<u>5</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>unknown Hlci</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Raymond Williford</u> (ADDRESS) <u>5032 Chippewa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>7 2</u> <u>32</u> <u>19</u>		
19. UNDERTAKER <u>Thig Shaver</u> (ADDRESS) <u>4104 S. Washburn</u>		
20. FILED <u>St. Louis</u> <u>1932</u> <u>Wm. H. Hatcher</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to June 30, 1932
I last saw her alive on June 30, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Breast. Right Date of onset 1925
50
478
537

Other contributory causes of importance:
Carcinoma (metastatic) lung 1931
and spine

Name of operation Breast amputation Date of 1928
What test confirmed diagnosis? Milium bodies 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) Emas R. Ford, M. D.
(Address) 1017 Beaumont Bldg.

