

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

Do not use this space.

35511

1. PLACE OF DEATH

44 County Holt Registration District No. 372
 Township Clinton Primary Registration District No. 5518
 City Marion City (No.) St. Ward)

File No.
 Registered No. 765

2. FULL NAME

Anna Jane Simmons
 (a) Residence, No. St., No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced W/ O. J. Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chamberburg 2 Penn.</u>		
FATHER	13. NAME <u>Wm. H. Waggoner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
MOTHER	15. MAIDEN NAME <u>Emma Andrews</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
17. INFORMANT (ADDRESS) <u>Henry Simmons Marion City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>First Hope</u>	DATE <u>11-27-32</u>
19. UNDERTAKER (ADDRESS) <u>W. L. ... Marion City Mo.</u>		
20. FILED <u>Nov 27, 1932</u> <u>J. O. ... Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1932

2. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932 to Nov 22, 1932
 I last saw her alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at S.P.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver 46 E
46 E
 Other contributory causes of importance (1)

Name of operation

What test confirmed diagnosis? Physician Date of

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) D. Perry M. D.
 (Address) Marion City Mo.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 V. S. No. 2.

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.

