

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

Do not use this space.

37364

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Lutheran Hospital) St. Ward.....

File No.....
Registered No. 10001
St. Ward.....

2. FULL NAME

Anna V. Netherton

(a) Residence, No. 1433 Larnal St. 6 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Netherton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1872

7. AGE YEARS 60 MONTHS 3 DAYS 16 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) 4/13 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) All 42

13. NAME Wm. R. Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Angeline M^{rs} Kee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Anna J. Cox (ADDRESS) 4976 Mandell

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Grove Cemetery DATE Nov. 12, 1932

19. UNDERTAKER Hersey Und. (ADDRESS) 4259 Parkside Blvd

20. FILED NOV 12 1932 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1932 to Nov 10, 1932
I last saw h.c.v. alive on Nov 9, 1932 Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver probably secondary to carcinoma of gall bladder and stomach
Other contributory causes of importance: hypertension
Date of onset unknown

Name of operation none Date of.....
What test confirmed diagnosis? none 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. S. Prutt, M. D.
(Address) 6006 Virginia Ave

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.

