

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

Do not use this space.

7706

1. PLACE OF DEATH

County..... Registration District No. 1501
Township..... Primary Registration District No. 1501
City..... (No. Ruthman Ship) St. Ward

File No.
Registered No. 1668
St. Ward

2. FULL NAME

Anna O. Thris
(a) Residence, No. Garrison Park Rd. Afton mo. 24 Ward. Afton Mo
(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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 - 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 18

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) St. Louis Mo.

FATHER 13. NAME Wm Schlottmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT H. J. Thris
(ADDRESS) Afton mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope Cem. DATE Feb. 20 1933

19. UNDERTAKER Dr. P. Fendler Jr.
(ADDRESS) 7128 Michigan St. Kansas City Mo

20. FILED FEB 19 1933
May C Standen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3 1933 to Feb 16 1933
I last saw her alive on July 16 1933. Death is said to have occurred on the date stated above, at 4 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
46E
93C
Date of onset 1932

Other contributory causes of importance: Chronic myocarditis 1930

Name of operation Exploratory Date of 2-17-1933
What test confirmed diagnosis? 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?
If so, specify Alcohol poisoning M. D. Sappington mo
(Signed) (Address)

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.

RECORD WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

