

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

Do not use this space.

9187

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.

APR 27 1933
10:00 AM
C. W. [unclear]

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 2111, N. Kellett) St. _____ Ward _____
2. FULL NAME Mrs. Anna Isabella Brazier
(a) Residence, No. 2111 No. Kellett 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 ♂ 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Rice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) mo.

MOTHER FATHER
13. NAME ? Kester

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

MOTHER FATHER
15. MAIDEN NAME Mary Kester

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

17. INFORMANT Mrs. Nellie Jones (ADDRESS) 2111 No. Kellett

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville Cem. DATE Mar 13 1933

19. UNDERTAKER Olma Schmeier (ADDRESS) Springfield mo.

20. FILED 3 13 1933 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 19 33
22. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 19 32 3-12 19 33
I last saw h. or alive on 3-8 19 33 Death is said to have occurred on the date stated above, at 120 m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Carcinoma of 1 yr.
460 Rectum
Other contributory causes of importance:
Incontinence 460 3 mks

Name of operation None Date of _____
What test confirmed diagnosis? physical Was there an autopsy? SW

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) W. T. Walsh M. D.
Springfield mo.

