

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

Do not use this space.

18939

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. 211 E. Colo Ave.) St. _____ Ward _____

2. FULL NAME Anna Beaty
 (a) Residence, No. 211 E. Colo. Ave. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Beaty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 16

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. None
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation 93

12. BIRTHPLACE (CITY OR TOWN) Liberty
 (STATE OR COUNTRY) Illinois

FATHER
 13. NAME William Hunsaker
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ireland

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

17. INFORMANT Charles Beaty
 (ADDRESS) 211 E. Colo. Ave.

18. BURIAL, CREMATION OR REMOVAL PLACE DATE
Bethel Cem. June 24, 1933

19. UNDERTAKER Lucas Clark
 (ADDRESS) 502 1/2 King Hill Ave

20. FILED 6-23 1933 John K. Rindera
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1932 to June 22 1933
 I last saw her alive on June 22 1933 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Lead (Primary)
of pancreas, secondary
in liver. 1932

Other contributory causes of importance:
Hypostatic pneumonia 6/15/33
Myocarditis

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) Claude S. Grant, M. D.
 (Address) 620 1/2 King Hill
St. Joseph, Mo.

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.

JUL 20 1933

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