

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

Do not use this space.

**23304**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township East Primary Registration District No. 1002  
 City P.O. Mo. (No. General Hospital #2 St. 3rd Ward)

File No. 3010  
 Registered No. 3rd

**2. FULL NAME**

Annada Crosby  
 (a) Residence, No. 802 E. 3rd St. 3rd 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (?)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-30-1873?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
alt? 60 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed  
 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) Ala.

13. NAME L. Brown

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

15. MAIDEN NAME Bethy (?)

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

17. INFORMANT (ADDRESS) General Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE General Hospital #2 DATE 7/24/33

19. UNDERTAKER (ADDRESS) West Applegate Bros

20. FILED July 24, 1933 mmcrae Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1933 to 7-15, 1933

I last saw her alive on 7-15-1933 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:  
Pneumatic Heart Disease Date of onset 95  
57A  
 Other contributory causes of importance:  
Arthritis (deformans)

Name of operation Clueval Date of no  
 What test confirmed diagnosis Clueval Was there an autopsy?

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) G. O. Turner M/D.  
 (Address) General Hospital #21

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.

