

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

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

Do not use this space.

**1. PLACE OF DEATH**

56 County Lewis Registration District No. 477 File No. 40618  
 Township Canton Primary Registration District No. 5641 Registered No. 52  
 City Canton, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ms Anna M. Hartwig

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward 7  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1933

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Henry W. Hartwig

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933, to Dec 17 1933  
 I last saw him alive on Dec 17 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1889

The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia Date of onset Dec 10

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 10 25

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

Other contributory causes of importance:  
1076  
1070

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) La Grange Mo

FATHER 13. NAME James McPheters

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Henry W. Hartwig (ADDRESS) Canton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove Canton Mo DATE Dec. 19 1933

19. UNDERTAKER F. D. Kelly (ADDRESS) Canton Mo

20. FILED Dec. 18, 1933 H. W. Harris Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? pusht 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) A. J. Hilliard, D.  
 (Address) Canton Mo.

