

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

Do not use this space.

980

FEB 27 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. 396  
 Township Ft. O'Sage Primary Registration District No. 3502  
 City West of Sibley (3 mi.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Anna Hays Stirman

(a) Residence, No. Sibley Mo. RR No. 1. Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Clark W. Stirman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2. 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
89 10 35 25 \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm home  
 10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KC Mo.

FATHER 13. NAME John C. Wallace

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

MOTHER 15. MAIDEN NAME Nellie Duncan

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

17. INFORMANT (ADDRESS) Mrs. Nellie Coggins Sibley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Mo. DATE Jan. 28/34

19. UNDERTAKER (ADDRESS) V. M. Reppert. Buckner Mo.

20. FILED Feb. 10 1934 N. W. Cummings Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1931, to Jan. 5, 1934  
 I last saw her alive on Jan. 26, 1934. Death is said to have occurred on the date stated above, at 2:30 AM  
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach

Date of onset \_\_\_\_\_  
 Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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 \_\_\_\_\_  
 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) N. W. Cummings, M. D.  
 (Address) Buckner Mo

1944

1. The first part of the report deals with the general situation of the country and the progress of the war. It is a very interesting and informative account of the events of the year.

2. The second part of the report deals with the economic situation of the country. It is a very detailed and thorough analysis of the economic conditions and the measures taken to improve them.

3. The third part of the report deals with the social situation of the country. It is a very comprehensive and up-to-date survey of the social conditions and the efforts to improve them.

4. The fourth part of the report deals with the cultural situation of the country. It is a very interesting and enlightening study of the cultural life and the efforts to promote it.

5. The fifth part of the report deals with the political situation of the country. It is a very clear and concise analysis of the political conditions and the efforts to improve them.

6. The sixth part of the report deals with the military situation of the country. It is a very detailed and thorough account of the military operations and the efforts to improve them.

7. The seventh part of the report deals with the foreign relations of the country. It is a very comprehensive and up-to-date survey of the international relations and the efforts to improve them.

8. The eighth part of the report deals with the internal security of the country. It is a very clear and concise analysis of the internal security conditions and the efforts to improve them.

9. The ninth part of the report deals with the health and welfare of the population. It is a very detailed and thorough study of the health and welfare conditions and the efforts to improve them.

10. The tenth part of the report deals with the education of the population. It is a very comprehensive and up-to-date survey of the educational conditions and the efforts to improve them.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson  
Township St. O'rage  
City (No. ....) .....

Registration District No. 396  
Primary Registration District No. 5532

File No. 980  
Registered No. 3 .....

**2. FULL NAME**

Anna Hays Sturman

(a) Residence, No. .... 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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19

19. UNDERTAKER (ADDRESS)

20. FILED ..... 19 N. D. Amundson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 19 34

22. I HEREBY CERTIFY That I attended deceased from ..... to ..... 19.....

I last saw h. alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**SUPPLEMENTARY**

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