

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

Do not use this space.

9605

File No. _____
Registered No. 45
St. _____ Ward _____

PLACE OF DEATH

County Lewis & Clark Registration District No. 508
Township _____ Primary Registration District No. 3026
City Chillicothe (No. _____) St. _____ Ward _____

FULL NAME

Anna S. Mc Vey St. _____ Ward _____
(a) Residence, No. _____ (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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Mc Vey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 27

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-28-1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 28, 1934
I last saw h. or alive on March 27, 1934. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

apoplexy, cerebral hemorrhage
80A
107
9291
Other contributory causes of importance
Hypertension
Date of onset 3/20/34

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. _____
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) Boulaque Texas

13. NAME John Mc Garland

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

15. MAIDEN NAME Eliza A. Smith

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

17. INFORMANT Ross Mc Vey
(ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Hall DATE Mar-30-1934

19. UNDERTAKER Jas. Gordon
(ADDRESS) Chillicothe Mo

20. FILED March 29, 1934 Donald H. Donald
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) P. J. Baerman, M. D.
(Address) Chillicothe, Missouri

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 25 1934

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