

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

Do not use this space.

1. PLACE OF DEATH

County Daviess
Township Liberty
City (No.) St. Ward

Registration District No. 248
Primary Registration District No. 5344

File No. 23910
Registered No. 10

2. FULL NAME Anna Elizabeth Stephens

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1860

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

74 5 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 1934 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) Livingston Co. (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Zackariah Warrens

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

MOTHER 15. MAIDEN NAME Elizabeth Indiana

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

17. INFORMANT Mrs. Joseph Kirby (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant Cem. DATE July 15 34

19. UNDERTAKER Hope Furniture & Undt. Co. (ADDRESS) Gallatin, Missouri.

20. FILED Miss Sapp Sumner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1934

22. I HEREBY CERTIFY, That I visited deceased from July 13, 1934 to July 13, 1934. I last saw her dead on July 13, 1934. Death is said to have occurred on the date stated above, at 3: P.m.

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

Angina Pectoris
94a

Date of onset

Name of operation Date of
What test confirmed diagnosis? 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.....

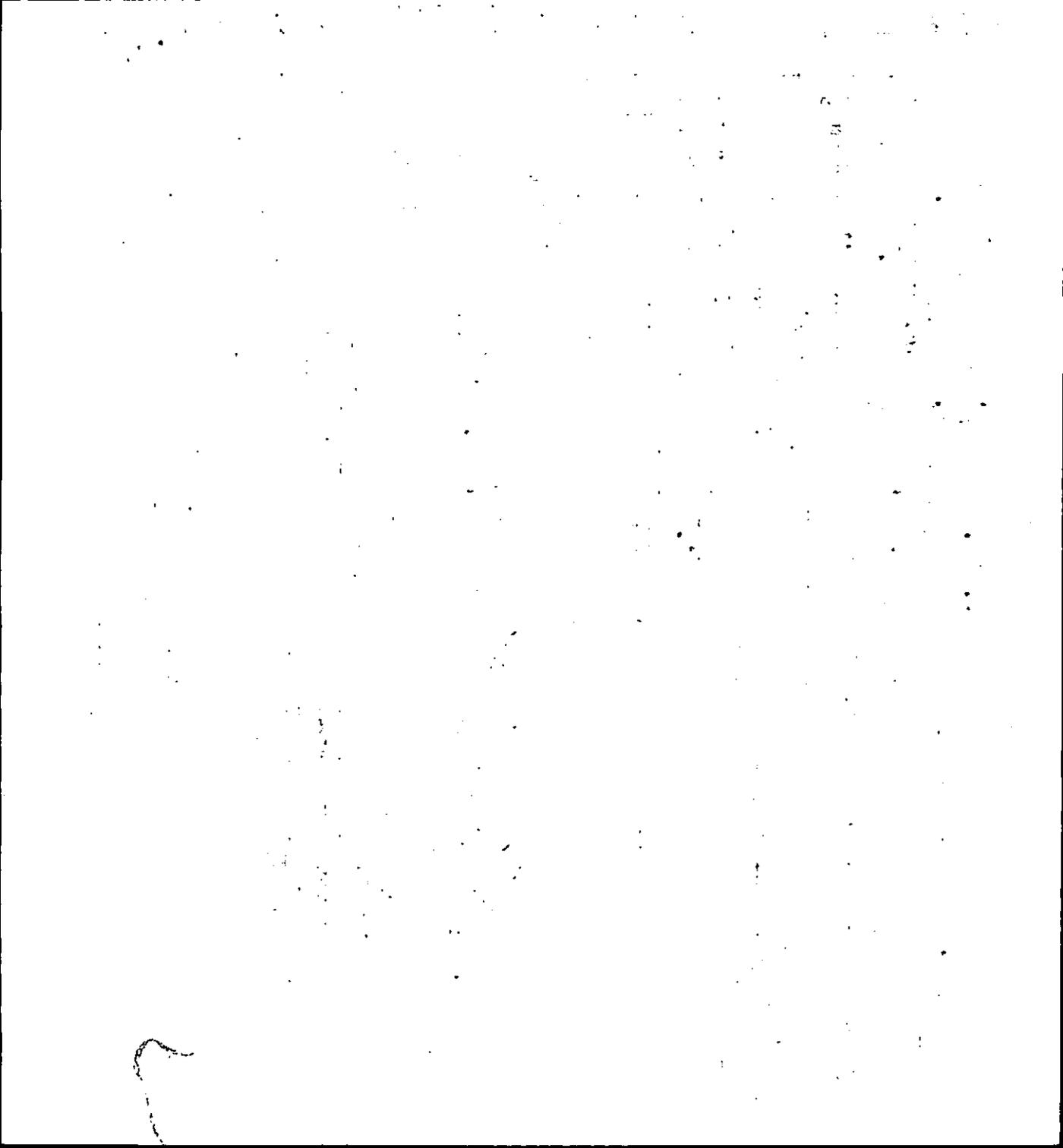
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify H.A. Hope (Carter) Co.
(Signed) H.A. Hope
(Address) Gallatin, Mo.

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.

AUG 15 1934



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Waller
Township Liberty
City

Registration District No. 248
Primary Registration District No. 5344

File No. 10
Registered No.
St. Ward

2. FULL NAME

Anna Elizabeth Stephens

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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.	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 July 14, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1934

22. I HEREBY CERTIFY That I attended deceased from , to , 1934.
I last saw h alive on , 1934. 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 , 1934.

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)

SUPPLEMENTARY

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

23910