

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

Do not use this space.

24655

1. PLACE OF DEATH

City Jackson Registration District No. 10 File No. _____
 Township Kane Primary Registration District No. 6 Registered No. _____
 City K. P. no 3905 Vineyard Rd (No. 3905 Vineyard Rd) St. _____ Ward _____

2. FULL NAME

Anna Lee Parrace (Parrace)
 (a) Residence, No. 3905 Vineyard Road 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph T
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1956
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 10 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Ill.

MOTHER FATHER 13. NAME John G. Lee

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

15. MAIDEN NAME Bettie Bonnar

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

17. INFORMANT (ADDRESS) Mrs J D Morris

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE 7-21-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Kankakee Ave

20. FILED July 20 1934 M. M. Chow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-34

22. I HEREBY CERTIFY, That I attended deceased from July 4 1934 to July 19 1934
 I last saw her alive on July 19 1934 Death is said to have occurred on the date stated above, at 10:00 AM
 The principal cause of death and related causes of importance were as follows:

Chronic / 191
Heart exhaustion July 18, 1934
 Other contributory causes of importance:
Chr. Myocarditis
Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Obesence 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) S. M. Sheppard, M. D.
 (Address) 230 Argyle

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.

AUG 21 1934

10000-112-2-33

