

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.

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

Do not use this space.

1. PLACE OF DEATH

County CedarRegistration District No. 163

Township

Primary Registration District No. 4095City El Dorado Springs Mo.File No. 38792Registered No. 77 St. Ward

2. FULL NAME

Emily Jane Anthony

(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)

Widow

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

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

Oct 23 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

7824

OCCUPATION

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

Housewife

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)

Pennsylvania

FATHER

13. NAME

John H. Harmon

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

Pennsylvania

MOTHER

15. MAIDEN NAME

Margaretta Sweedy

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

Pennsylvania

17. INFORMANT (ADDRESS)

Edgar Red Smith Oak Grove Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

El Dorado Springs

DATE

Nov 18 1934

19. UNDERTAKER (ADDRESS)

Reverend Home El Dorado Springs Mo

20. FILED

11-16-1934W. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov-15-1934

22. I HEREBY CERTIFY, That I attended deceased from

June 1934, to Nov 15 1934I last saw her alive on Nov 15 1934 Death is saidto have occurred on the date stated above, at 5:30 a.m.

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

gastric carcinoma46B46

Other contributory causes of importance:

Date of onset

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

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) H. Sanderwirth D.O.(Address) El Dorado Springs Mo.

