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.

FEB 27 1935

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

Do not use this space.

2189

1. PLACE OF DEATH
County Morgan — Registration District No. 971 — File No. 1
Township Mill Creek — Primary Registration District No. 5997C — Registered No.
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Mrs. A. Ann Sitter
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 25th. 1872

7. AGE — YEARS: 62 — MONTHS: 11 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

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) June 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Missouri

FATHER
13. NAME A. J. Baughman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Parsons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Morgan County

17. INFORMANT (ADDRESS) William Sitter Syracuse, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Syracuse, Mo DATE Jan. 16. 1935

19. UNDERTAKER (ADDRESS) Jewell E. Richards Tipton, Mo

20. FILED Jan 18, 1935 Omer E Cordey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January, 14, 35

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934, to Jan 10, 1935
I last saw her alive on alive Jan 10, 1935. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer Bisoat

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 Dick, M. D.
(Address) Syracuse Mo