

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

Do not use this space.

5601

1. PLACE OF DEATH *Jackson* MAR 20 1935
 County *Jackson* Registration District No. *399*
 Township *Ray* Primary Registration District No. *1002* File No. *399*
 City *Ray* (No. *General Hosp*) Registered No. *399* St. _____ Ward _____

2. FULL NAME *Anna Urban*
 (a) Residence, No. *805 E 14* St. _____ Ward _____ (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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *unknown*

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

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

7. AGE YEARS *48* MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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 _____

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

FATHER
 13. NAME *unknown*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME *unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *unknown* (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Floral Hill Cem* DATE *Feb 27* 1934
 19. UNDERTAKER *A. P. Roehle* (ADDRESS) *1410 E 13 St*
 20. FILED *2/26* 19 *35 M. M. Crowe* Registrar. (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/19* 1938

22. I HEREBY CERTIFY that a person deceased from _____, 19____
 I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above, _____ m.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus
Diabetic Coma
 Date of onset _____

Other contributory causes of importance: *59*

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external cause (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 of injury _____ and any related to occupation of deceased? _____
 If so, specify _____ (Signed) _____, M. D.
 (Address) *Will*

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.

