

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

Do not use this space.

**1. PLACE OF DEATH**

County Reichman Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001 File No. 8125  
 City St. Joseph (No. Mo. Meth Hospital) Registered No. 202 Ward 202

**2. FULL NAME**

Annice A. McKies  
 (a) Residence, No. 2317 St. Joseph Ave St.          Ward.           
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 18 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, MARRIED TO (OR) WIFE OF P. T. McKies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 7 13

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) Edwards

13. NAME John H. Clardy

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

15. MAIDEN NAME Rebecca Ann Pew

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

17. INFORMANT P. T. McKies  
 (ADDRESS) St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards Mo DATE 3-14 1935

19. UNDERTAKER Stoney F. Powell  
 (ADDRESS) at St. Joseph

20. FILED 3-13 1935 John R. Bender  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1935 to 3-12 1935

I last saw her alive on 3-12 1935 Death is said

to have occurred on the date stated above, at 6:30 PM

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

Myocardial Infarction Date of onset 3/11/35  
1/1/35

Other contributory causes of importance:

Infarction

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) C. S. Prayson, M. D.

(Address) 620 Francis St

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.

