

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.

MAY 30 1935

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

Do not use this space.

11802

1. PLACE OF DEATH

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Kirkbottle (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 85

2. FULL NAME

Anna Marrow  
(a) Residence, No. 1301 E. Jefferson 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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. F. Marrow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-29-1862</u>				
7. AGE YEARS <u>73</u>	MONTHS <u>0</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 26 1935.  
I last saw him alive on April 26 1935 Death is said to have occurred on the date stated above, at 10:30 PM.  
The principal cause of death and related causes of importance were as follows:  
Diabetic mellitus

Date of onset

Other contributory causes of importance:

57

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

FATHER

13. NAME Howley Lowry

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

MOTHER

15. MAIDEN NAME Marrakah Brill

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

17. INFORMANT Marion A. Norman  
(ADDRESS) 1804 E. Normal, St. Louis

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sabeth Home DATE 4-28-35

19. UNDERTAKER Dee Riley  
(ADDRESS) Kirkbottle Mo

20. FILED Apr. 30 1935 Spencer Freeman  
Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) F. B. Ferguson M. D.  
(Address) Kirkbottle Mo

