

MAY 20 1935

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

Do not use this space.

15445

1. PLACE OF DEATH

County Adair  
Township Kirkville  
City Kirkville (No. ...., .... Ward)

Registration District No. 4  
Primary Registration District No. 3001

File No. ....  
Registered No. 88  
St. .... Ward)

2. FULL NAME

Annie E. Vice

(a) Residence, No. 508 South Halliburton, 4 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. H. Vice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-18-1875</u>		
7. AGE <u>60</u>	YEARS <u>1</u>	MONTHS <u>25</u>
		DAYS <u>25</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 .....

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

FATHER 13. NAME J. W. Anderson

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

MOTHER 15. MAIDEN NAME Ann Tate

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

17. INFORMANT E. H. Vice  
(ADDRESS) 508 South Halliburton

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Hill Cem DATE 5-2 - 1935

19. UNDERTAKER Dee Riley  
(ADDRESS) Kirkville, Mo.

20. FILED May 2, 1935 Spencer Freeman  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 1, 1935

I last saw him alive on May 1, 1935 Death is said

to have occurred on the date stated above, at 9 P m.

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

Carcinoma Cecum  
+ ascending Colon  
HO  
Date of onset 1930

Other contributory causes of importance:  
Ulcerative Colitis  
Chronic Bronchiectasis

Name of operation None Date .....

What test confirmed diagnosis? physical findings 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? NO

If so, specify .....

(Signed) Roy M. Hoef M. D.

(Address) Kirkville, Mo.

