

SEP 18 1935

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

Do not use this space.

25855

1. PLACE OF DEATH

County Cass Registration District No. 148
Township _____ Primary Registration District No. 40.82
City Belton (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME Mary L. Anes

(a) Residence, No. _____ 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 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 O. W. Anes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 0

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) Kansas

13. NAME Mark London

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Elizabeth Griffith

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

17. INFORMANT O. W. Anes
(ADDRESS) Belton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Washington DATE 8/6 1935

19. UNDERTAKER E. K. George and Sons
(ADDRESS) Belton, Mo.

20. FILED 8-3 1935 O. W. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to Aug 3 1935

I last saw her alive on Aug 3 1935 Death is said to have occurred on the date stated above, at 11 P. m.

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

Arteriosclerosis
Chronic parenchymatous nephritis
auricular fibrillation
Date of onset 1920
7-20-35

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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?

If so, specify _____
(Signed) A. D. Johnston M. D.
(Address) Belton Mo.

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.

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