

Oct 28 1935

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

Do not use this space.

30560

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *784*

Township *St. Ferdinand*

Primary Registration District No. *6030*

City *Yvesville*

(No. *8379*, *College Ave*)

File No. ....

Registered No. *140*

St. .... Ward)

2. FULL NAME

*Annice Phearn*

(a) Residence, No. *8379 College* St., .... Ward.

(Usual place of abode) Length of residence in city or town where death occurred *2 1/2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 15-1865*

7. AGE YEARS *70* MONTHS *3* DAYS *26* If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 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) *Maryland*

MOTHER 13. NAME *James Phearn*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER 15. MAIDEN NAME *Johanna Willow*

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Mrs Elizabeth O'Neil* (ADDRESS) *8379 College*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *9-14* 1935

19. UNDERTAKER *H. A. Stock and Co* (ADDRESS) *2117 E. Grand*

20. FILED *9/12* 1935 *W. A. Zetler* Registrar. *W. B. Smith*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 11* 1935

22. I HEREBY CERTIFY, That I attended deceased from *9/7* 1935 to *9/11/35* 1935. I last saw *her* alive on *9/11/35* 1935. Death is said to have occurred on the date stated above, at *L.P.P.* m.

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

Other contributory causes of importance: *Coronary Artery Disease*

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 ..... 1935. 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) *W. A. Zetler* M. D. (Address) *8321/2 Bldg*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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Date of onset *9/6/35*

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