

MAR 16 1936

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

Do not use this space.

4641

## 1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001  
City Saint Joseph (No. 2511 Jackson St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 185

2. FULL NAME Mrs. Anna E. Stephons

(a) Residence, No. 2511 Jackson St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. T. Stephons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 20, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
88 1 19

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife  
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) Unknown (STATE OR COUNTRY) Georgia13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. C. W. Tillis, (ADDRESS) 2511 Jackson Street18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Fobr. 19. 3519. UNDERTAKER E. R. Sidonfaden Funeral Home (ADDRESS) 602 South 10th Street20. FILED 2-11-36 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Fobr. 9th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1936 to 2-9 1936  
I last saw him OR alive on 2/4 1936 Death is said to have occurred on the date stated above, at 8 P.m.

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

Cerebral Hemorrhage Date of onset 5 days

Other contributory causes of importance:

Arteriosclerosis ?

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) W. C. Cash M. D.(Address) 301 Paul Bldg

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.

