

OCT 21 1936

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

Do not use this space.

33879

## 1. PLACE OF DEATH

County CassRegistration District No. 148File No. 16

Township

Primary Registration District No. 4082

Registered No.

City Bellton

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Rada McAnally

(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 OR (OR) WIFE OF

Frank McAnally

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 30, 1869

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

67319

## 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)

Jefferson Co Missouri

## 13. NAME

unknown

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

"

## 15. MAIDEN NAME

unknown

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

"

## 17. INFORMANT (ADDRESS)

Frank McAnally Bellton Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellton MoDATE 9/211936

## 19. UNDERTAKER (ADDRESS)

E. K. George & Sons Bellton Mo

## 20. FILED

9-201936W. M. Miller

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9/19 193622. I HEREBY CERTIFY, That I attended deceased from 9-16, 1936, to 9-19, 1936I last saw him alive on 9-17, 1936 Death is said to have occurred on the date stated above, at 5:10 P.M.

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

Carcinoma of stomach (Pylorus) operated 1934Date of onset 1934

Other contributory causes of importance:

Name of operation Don't know Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. M. Miller

, M. D.

(Address) Bellton Mo

NOTE: 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.

