

OCT 15 1936

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

Do not use this space.

37576

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Law Primary Registration District No. _____
City N.C. (No. General Hosp) _____ St. _____ Ward _____

File No. 4421

Registered No. _____

2. FULL NAME

Anna Ducor
(a) Residence, No. 2449 Wakarusa, 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 <u>fe</u> | 4. COLOR OR RACE <u>wh</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>The Ducor</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u> | | |
| 7. AGE YEARS <u>aprox 59</u> | MONTHS <u>x</u> | DAYS <u>x</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>Russia</u> | | |
| 13. NAME <u>unknown</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 15. MAIDEN NAME <u>unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 17. INFORMANT <u>Mrs Sarah Bassin</u> (ADDRESS) <u>N.C. Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Hilfield</u> DATE <u>10-4-1936</u> | | |
| 19. UNDERTAKER <u>H. T. Jigman & Sons</u> (ADDRESS) <u>N.C. Mo.</u> | | |
| 20. FILED <u>10-3-1936</u> <u>W.M. Crawford</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1936, to Oct 1, 1936
I last saw her alive on Sept 26, 1936 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset Feb 3, 36
946
Other contributory causes of importance:
arterio sclerosis Several years

Name of operation no Date of _____
What test confirmed diagnosis? muscular 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) Geo Riegel M. D.
(Address) 507 Commercial

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

FORM 1 X704

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.

