

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.

JAN 28 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Cochran  
Township St. Joseph Mo.  
City St. Joseph Mo.

Registration District No. 85  
Primary Registration District No. 1001  
State Hospital #2

File No. 43807  
Registered No. 1501  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 10 ds.

Anna M. Maness  
Independence Mo.  
How long in U. S., if of foreign birth? 60 yrs. mos. ds.  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Thomas Maness</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1858 February 19</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>9</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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 <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>				
MOTHER	13. NAME <u>Neilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>			
	15. MAIDEN NAME <u>Unknown</u>			
				16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
17. INFORMANT (ADDRESS) <u>Records State Hospital #2</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodland Burial Co.</u> DATE <u>12-10</u> '36				
19. UNDERTAKER (ADDRESS) <u>St. C. Carson Funeral Home Independence Mo.</u>				
20. FILED <u>Dec 8 1936</u> <u>H. J. Hestebush</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to December 7, 1936.  
I last saw her alive on December 7, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia  
1012  
Date of onset 12-5-36

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Cx. & Lab. 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) E. B. DeLong M. D.  
(Address) State Hospital #2

