

APR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 1819 Colhoun)

File No. 11191  
Registered No. 302  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anna Caroline Stern(a) Residence, No. 1819 Colhoun St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 12 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

## MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stern22. I HEREBY CERTIFY, That I attended deceased from March 7th 1937, to \_\_\_\_\_, 19\_\_\_\_6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1859

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hrs. or \_\_\_\_\_min.  
77 2 6

to have occurred on the date stated above, at \_\_\_\_\_m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At HomeArteriosclerosisDate of onset 1920

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

Other contributory causes of importance Malnutrition  
following general Paralysis

12. BIRTHPLACE (CITY OR TOWN) Dubois Co Indiana  
(STATE OR COUNTRY)Name of operation noneWhat test confirmed diagnosis? History Date of \_\_\_\_\_ Was there an autopsy? no13. NAME Henry Hackman14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)17. INFORMANT Mrs Thomas Leidy  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL St. Joseph MoPLACE Mt. Olivett Cem DATE Mar 10 193719. UNDERTAKER B. W. Tedlock  
(ADDRESS)20. FILED Mar 9 1937

Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify B. W. Tedlock - coroner  
(Signed) St Joseph, Mo, M. D.  
(Address)

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.

828

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. 11191  
 Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 302  
 City St Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Caroline Stern

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.  
77 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

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, months, days) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED May 14, 1937 J. Heston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Arteriosclerosis,  
Malnutrition following  
general Paralysis as a result  
of cerebral hemorrhage

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Malnutrition following  
general Paralysis

Name of operation \_\_\_\_\_ 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) R. W. Tadlock M. D.  
 (Address) St Joseph Mo

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.

SUPPLEMENTARY  
 REGISTERED

16111-5