

NOV 17 1937

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

Do not use this space.
Dr. Joe James
37649
File No. _____
Registered No. 959
St. _____ Ward _____

1. PLACE OF DEATH
County *Greene* Registration District No. 318
Township *Springfield mo* Primary Registration District No. 2001
City *Springfield Mo* (No. *Ch. Lead Hosp*)
2. FULL NAME *Anna R Myers*
(a) Residence, No. *937 No Main* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 3 1889*
7. AGE YEARS *48* MONTHS *0* DAYS *3* If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY) *Wabersburg Kansas*
13. NAME *Chas F. Darling*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greene Mo*
15. MAIDEN NAME *Becheaf, Thung*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*
17. INFORMANT (ADDRESS) *Roy R Myers Springfield mo*
18. BURIAL, CREMATION, OR REMOVAL *Bartholomew* DATE *Oct 6 1937*
19. UNDERTAKER (ADDRESS) *James J. Meyer*
20. FILED *Oct 4 1937* *Chas. R. George* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 3* 19 *37*
22. I HEREBY CERTIFY, That I attended deceased from *June 1* 19 *36* to *Oct 3* 19 *37*
last saw her alive on *Oct 3 - 37* 19 _____ Death is said to have occurred on the date stated above, at *S.P.* m.
The principal cause of death and related causes of importance were as follows:
Adeno-Carcinoma of Uterus (Cervix)
Date of onset _____
Other contributory causes of importance: *48*
Name of operation _____ Date of _____
What test confirmed diagnosis? *Biopsy* 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) *Joseph James* M. D.
(Address) *Springfield mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 21 1948