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.

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

Do not use this space.

File No. 2132
Registered No. 113

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. St. Josephs Hospital St. Ward)

2. FULL NAME Anna Birmingham L 55

(a) Residence, No. 1615 South 11th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph W Birmingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8. 1870.

7. AGE: Years 67 | Months 4 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Linley Sullivan Co, Missouri.

FATHER
13. NAME James K Rusk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER
15. MAIDEN NAME Anna Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Helen Watts 1615 So. 11th Street

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE Jan. 31. 1938

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str St. Joseph,

20. FILED Jan 28 1938 H. J. Nettebrock Registrar.
By Lorr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28. 1938.

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1938, to 1/25 1938
I last saw her alive on 1/25 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration & failure	1/10/38
Other contributory causes of importance:	
Nephritis, Chronic	?
Atherosclerosis Chronic	?
Hypertension	?

Name of operation None Date of
What test confirmed diagnosis? 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) M. H. Falk M.D.
(Address) Corby Bldg. St. Joseph, Mo.

RECEIVED FEB 9 1938 BUREAU OF VITAL STATISTICS DEPT. OF HEALTH