

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

Do not use this space.

RECEIVED AUG 11 1938

**1. PLACE OF DEATH**

County Beecham

Registration District No. 85

File No. 24816

Township

Primary Registration District No. 301

Registered No. 777

City St. Joseph

(No. St. Joseph Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

MARGARET ANSLEY

(a) Residence, No. No. 3rd St. Road Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ansley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1859

7. AGE YEARS 78 MONTHS 11 DAYS 0 If LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Print at Milan, Mo.

10. Date deceased last worked at this occupation (month and year) Dec 1935 11. Total time (years) spent in this occupation years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

13. NAME Ansley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ansley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Eva Kearnes (ADDRESS) St. Joseph Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Mr. Oliver's Bur. DATE July 27, 1938

19. UNDERTAKER Stoney Funeral Home (ADDRESS) St. Joseph Mo.

20. FILED 7/26 1938 J. McClellan Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1938

22. I HEREBY CERTIFY, that I attended deceased from July 17 1938 to July 24 1938. I last saw her alive on July 23 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Recent Heavy legia  
Arteriosclerosis  
Ac. Myocardial Infarct  
 Other contributory causes of importance:  
Arteriosclerotic changes  
Ac. Myocardial Infarct

Name of operation None Date of 20  
 What test confirmed diagnosis Path. Was there an autopsy? Yes

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? Yes  
 If so, specify Crewman  
 (Signed) W. Stary M. D.  
 (Address) 203 West 1st St. Bldg.

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.

