

FILED FEB 15 1940

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

Do not use this space.

2080

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Exelsior Springs Primary Registration District No. 3011
City Exelsior Springs (No. 250) St. _____ Ward _____

2. FULL NAME

Mary Matilda McAnaw

(a) Residence, No. 216 South Kimball St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. 0 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. name

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
38 8 7

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home

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) mo

13. NAME T. name moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bayton mo

15. MAIDEN NAME Hermietta Barry

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

17. INFORMANT (ADDRESS) J. K. McAnaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron mo DATE Jan 8 1940

19. UNDERTAKER (ADDRESS) Isolande Paichard

20. FILED Jan 6, 1940 Miss R. M. Craker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1939, to Jan 5, 1940

I last saw him/her alive on Jan 5, 1940. Death is said to have occurred on the date stated above, at 2:30 hrs.

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

Totemic Anuria Congestive Appendix
Other contributory causes of importance: 121

Name of operation Appendectomy Date of 1-2-24-39

What test confirmed diagnosis? Classical 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? No

If so, specify _____ (Signed) J. K. McAnaw, M. D.

(Address) Exelsior Springs

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.

MAY 19 1945

RECEIVED
District Health Officer No. 8,

District File Number 21446
Date Filed