

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

33797

Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 132 40
 (b) Township Lincoln Primary Registration District No. 5476 0 Registered No.
 (c) City Darlington R.I. (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Mary Ferry

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 1 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1 M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh B Ferry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>0</u>	<u>8.</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Grundy Co Mo 0

FATHER
 13. NAME Adam Brizgel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

MOTHER
 15. MAIDEN NAME Louise Merle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn.

17. INFORMANT (ADDRESS) Hugh Ferry Darlington Mo R.I.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE So. Evans Cem. DATE Oct 29 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. A. Ryan & Son Salt Mo

20. FILED Oct 29, 1942 Nada Hoffmann
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1942

22. I HEREBY CERTIFY, That I attended deceased from 10-5-1941 to 10-26-1942
 I last saw her alive on 10-26-1942 Death is said to have occurred on the date stated above, at 11:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 1942

Other contributory causes of importance: 83a'

Name of operation Date of
 What test confirmed diagnosis? Autopsy 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) C. J. McElvanhan M. D.
 (Address) Darlington Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR AMBIOS

FORM 4-19-38 I X16403

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W.K. Payne*

Licensed Embalmer No. 2257

P. O. Address Galt Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.