

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

Do not use this space.

Waltgen
12399

1. PLACE OF DEATH

County *Henry*
Township *Clinton*
City *Clinton* (No.)

Registration District No. *347*
Primary Registration District No. *3018*

File No.
Registered No. *27* St. Ward)

2. FULL NAME

Anna Sile

(a) Residence, No. 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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Allan Sile

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

9-7-1875

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

54

7

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Springfield

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Heed Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Elizabeth Hartley

Kansas City, Mo

15.

FILED

4/24 19 30

Dr. E. P. Paclor

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 23 19 30*

17.

I HEREBY CERTIFY, That I attended deceased from *one*

8, 19 *29* to *April 23*, 19 *30*

that I last saw h. or alive on *April 23*, 19 *30*, and that death occurred, on the date stated above, at *10:00 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Cervix of Uterus
48
46B
46B (duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

metastasis to rectum

+ Stomach

(duration) *3* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

Iowa

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *✓*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed)

S. W. Waltgen

M. D.

19

(Address)

Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Englewood

4-24 19 30

20. UNDERTAKER

ADDRESS

Lucas Wilkinson Clinton Mo.

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.

1930

