

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

Do not use this space.

19562

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 4549, Edwards)

File No.....  
Registered No. **5519**  
St..... Ward)

**2. FULL NAME**

Anna B. Kirby  
(a) Residence, No. 4549 Edwards St. 11 Ward. (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 Timothy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 8 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>55</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Work  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer at home

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Krause

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Timothy Kirby  
(Address) 4549 Edwards

15. FILED May 13 1931 Max C. Parker Jr. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1931

17. I HEREBY CERTIFY that I attended deceased from Paris to May 10, 1931, that I last saw him alive on May 12, 1931, and that death occurred, on the date stated above, at 12:50 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of sigmoid  
46 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) no known  
(duration) yrs. mos. ds.

18. WHERE WAS DEATH CONTACTED? 4600  
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy x ray  
(Signed) R. L. Starnes  
May 3, 1931, (Address) Marion 1307 St. Louis 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 Cabourg DATE OF BURIAL May 13 1931

20. UNDERTAKER Cullen Kelly ADDRESS 1416 Taylor

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.

11 to 3

long

5

10

15