

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 851  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. 639 No. 8th St.) St.          Ward         

File No. 19562  
 Registered No. 698

**2. FULL NAME**

Emma C. Anthony

(a) Residence, No. 639 No. 8th St. St.          Ward           
 (Usual place of abode)  
 Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 George C. Anthony

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>77</u>	<u>5</u>	<u>13</u>	

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) Clarksdale, Mo.

FATHER 13. NAME J. J. Brooks

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

MOTHER 15. MAIDEN NAME Charity Ann Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

17. INFORMANT Mrs. Smith Turner  
 (ADDRESS) 639 No. 8th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale, Cemetery DATE June, 16, 1934

19. UNDERTAKER Walter Meierhoffer  
 (ADDRESS) 1302 Faxon St. St. Joseph, Mo.

20. FILED JUN 15 1934 John A. Bender  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 14, 1934 1934

22. I HEREBY CERTIFY, that I attended deceased from Oct 1, 1933, to June 14, 1934  
 I last saw her alive on June 12, 1934. Death is said to have occurred on the date stated above, at 2:20 m. A. M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage - Date of onset June 11/34  
Previous attack with  
Right Hemiplegia & Aphasia  
Oct 1-1933  
 Other contributory causes of importance:  
Permeous Arteriosclerosis

Name of operation None Date of           
 What test confirmed diagnosis Clinical 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) Clarence H. Gess, M. D.  
 (Address) Tootle Bldg., St. Joseph, 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.

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

**JUN 11 1934**

