

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

Do not use this space.

7875

1. PLACE OF DEATH

27 County Cooper Registration District No. 724
Township North Moniteau Primary Registration District No. 5309
City Cooper (No.) St. Ward

File No.
Registered No. 3

2. FULL NAME

Anna Earnst

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Earnst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Cooper Co. Mo.

13. NAME August Baker

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

15. MAIDEN NAME Margaret Weaver

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

17. INFORMANT (ADDRESS) August Earnst
Prarie Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedron Mo. DATE 3/4 1932

19. UNDERTAKER (ADDRESS) Waller & Frydman
California Mo.

20. FILED 3-4 1932 A L Meredith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1932 to 3-2 1932

I last saw him alive on 3-1 1932 Death is said to have occurred on the date stated above, at 2 P. m.

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

Carcinoma of Rectum
1737 Howard
Other contributory causes of importance:

Name of operation Colectomy Date of 1932

What test confirmed diagnosis? Operation Was there an autopsy? Yes

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?

If so, specify
(Signed) A L Meredith M. D.
(Address) Prarie Home 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.

APR 25 1932

WRITE PLEASE, WITH CURSIVE HANDWRITING

