

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

Do not use (this space)

**1. PLACE OF DEATH**

County Linn

Registration District No. 318

File No. 4644

Township Springfield Mo

Primary Registration District No. 2001

Registered No. 114

City Springfield Mo (No. Springfield B. Hospital)

St. Mo. Ward

**2. FULL NAME**

(a) Residence. No. Mo. St. Beverly Ward. Mo.  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Ernest J. Trade

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 10

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

9. BIRTHPLACE (CITY OR TOWN) McHenry Mo  
 (STATE OR COUNTRY) Laura Co - Mo

10. NAME OF FATHER J. H. North

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Ernest J. Trade  
 (Address) Bellvue, Mo

15. FILED 2-5-30 For Sharp REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1930

17. HEREBY CERTIFY, That I attended deceased from Feb 2, 1930, to Feb 5, 1930, (that I last saw her alive on Feb 30, 1930, and that death occurred, on the date stated above, at 12:15 A.M.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Peritonitis  
1214  
179 (duration) yrs. mos. 5 da.  
 CONTRIBUTORY (SECONDARY) Ruptured Sanguinoma  
Appendicitis (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED Beverly Mo RFD  
 IF NOT AT PLACE OF DEATH?  
 DUE AN OPERATION PRECEDED DEATH? Yes DATE OF Feb 2 1930

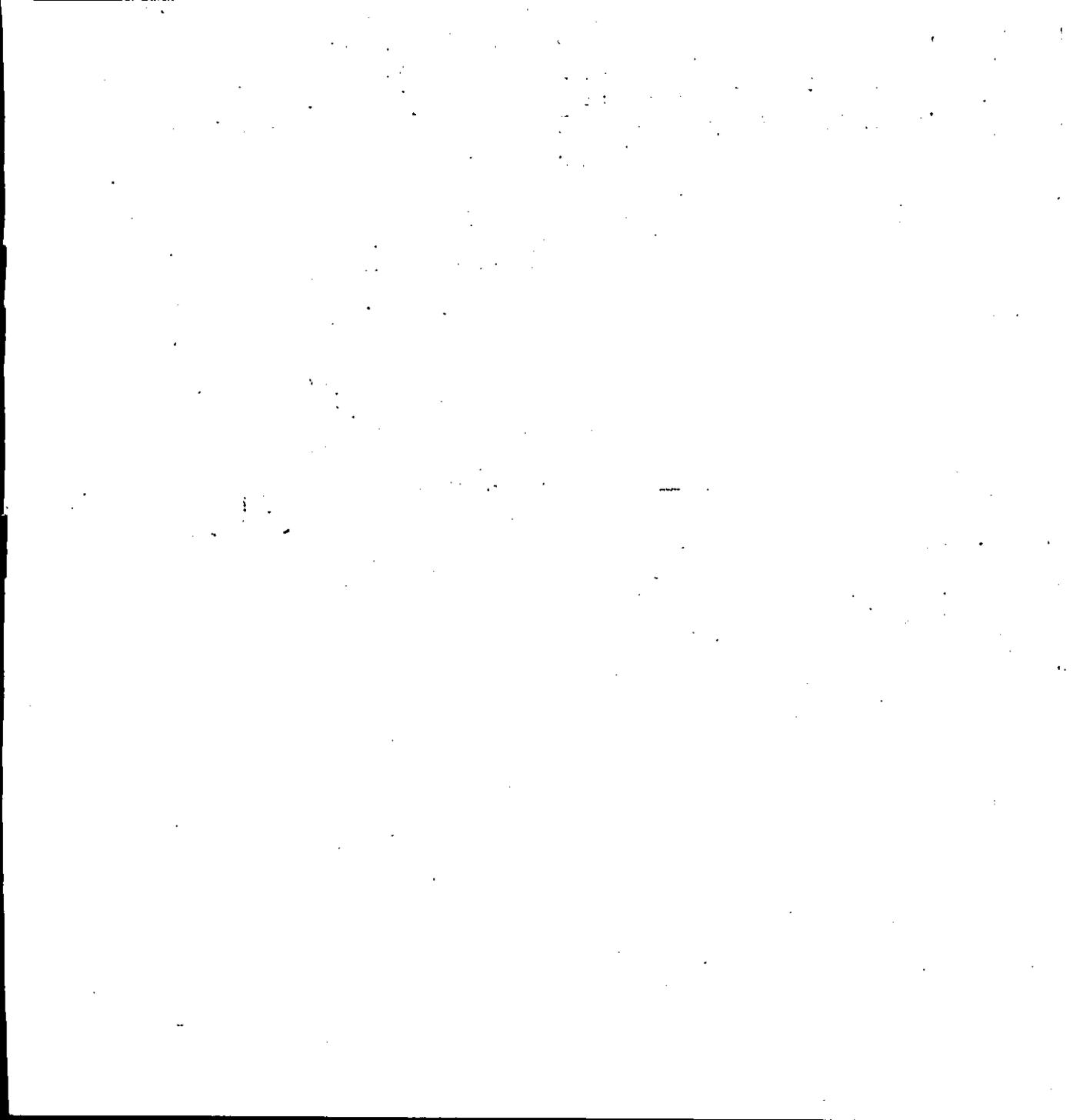
19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation  
 (Signed) Robert Slynn, M. D.  
2/5 1930 (Address) Springfield 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 Beverly Mo DATE OF BURIAL 2-7-1930

20. UNDERTAKER H. H. ... ADDRESS Bellvue Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Greene Registration District No. 318 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 114  
City Springfield St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Anna Harrison Tiedel

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ (duration) yrs. mos. da.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY)

10. NAME OF FATHER

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 Eugene J. Tiedel (Address) Billings, Mo.

15. FILED 2/5 30 1930 For Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

\_\_\_\_\_, 19\_\_\_\_ (Address)

\*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

19

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Supplementary

hh9h-s