

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

Do not use this space

21899

1. PLACE OF DEATH

County Boone
Township Columbian
City Columbian (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 133
St. _____ Ward _____

2. FULL NAME

Anna Phillips Parsley
(a) Residence No. Basel Ave 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 A. W. Parsley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 10 13

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) Callaway County, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER J. W. Phillips

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

12. MAIDEN NAME OF MOTHER Frances Dudley

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

14. INFORMANT A. W. Parsley
(Address) Basel Ave.

15. Aug 3 30 Beatrice Grube
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 13- 1930 to 7-3- 1930 that I last saw h. alive on 7-2- 1930, and that death occurred, on the date stated above, at 8:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Ovary
adherent to foot of bladder
in the cavity of peritoneum
49 536 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? no DATE OF 6-26-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab.
(Signed) W. P. Johnson, M. D.
, 19 (Address) Columbian, 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 Columbian Cem. DATE OF BURIAL July 4 1930

20. UNDERTAKER Thomas McHary ADDRESS Columbian 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

