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.

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

Do not use this space.

1. PLACE OF DEATH AUG 31 1937

County Stoddard — Registration District No. 840 — File No. 28542

Township Duck creek — Primary Registration District No. 6102 — Registered No. 31

City ~~Puxico, Mo.~~, (No. ..., ... St. ... Ward)

2. FULL NAME Annie Rawlaston Siler

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

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 F.

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 John Baxter Siler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1877

7. AGE 59 YEARS — MONTHS 9 — DAYS 23 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Nashville Tennessee

FATHER

13. NAME Mutin J. Parsley

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

MOTHER

15. MAIDEN NAME Annie Hodge

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

17. INFORMANT (ADDRESS) John Baxter Siler Puxico, R.I.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Duckcreek DATE July 22, 1937

19. UNDERTAKER (ADDRESS) Watkins Dexter, Missouri

20. FILED 7-20, 1937 Vivian Hawks Glenn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5,2, 1937, to 7,20, 1937

I last saw her alive on 7,19, 37, 19... Death is said to have occurred on the date stated above, at 4:45a.m/

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

	Date of onset
Malignant Cystadenoma of Pelvis.	not known
Occuring after previous Hysterectomy four years before.	

Other contributory causes of importance:

General Toxemia

48

Name of operation Laparotomy Date of 7,16,193

What test confirmed diagnosis? Clinicle 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) Dr. John H. Nutter

(Address) Puxico, Missouri