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

13 County Caldwell — Registration District No. 96 — File No. 2206

4 Township Hamilton — Primary Registration District No. 4068 — Registered No. 4

6 City Hamilton (No. ..... , ... St. ..... Ward)

2. FULL NAME Anna Stinson 352

(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: 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 William Stinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1870

7. AGE: YEARS 67 — MONTHS 6 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Caldwell Co. Mo. 6

FATHER

13. NAME John Edwards 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia. 1

MOTHER

15. MAIDEN NAME Florence Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT (ADDRESS) Wm. Stinson Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton DATE Jan. 30, 1938

19. UNDERTAKER (ADDRESS) Bram & Sons Hamilton, Mo.

20. FILED Jan 30 1938 Merle Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938, to Jan. 28, 1938

I last saw her alive on Jan. 28, 1938. Death is said to have occurred on the date stated above, at 8:40 P.m.

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

	Date of onset
Diabetic Coma.	Jan. 28
Diabetes. 59	1930

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? None 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 —

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24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. M. Daley, M. D.
(Address) Hamilton, Mo.

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