

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

**35007**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 397  
 (b) Township New Primary Registration District No. 3982  
 (c) City Warsaw (d) Street No. St. Mary's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME  
 (a) Residence, No. 2902 Jarboe St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND'S (OR) WIFE OF W. J. Wall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1870

7. AGE YEARS 69 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Matron  
 9. Industry or business in which work was done, as saw mill, bank, etc. Loose Shoes Co  
 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) St. Louis Mo

FATHER  
 13. NAME Thomas Lidwell 3  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER  
 15. MAIDEN NAME Bridget Burke  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT J. C. Donnelly  
 (ADDRESS) 2902 Jarboe, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE Oct 17, 1939

19. FUNERAL DIRECTOR (NAME) J. F. O'Donnell Co.  
 (ADDRESS) 3256 Broadway, K.C. Mo.

20. FILED 10/16, 1939 M. M. Gowen  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY AND YEAR) October 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_.

I last saw h. Anna alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Fracture of right femur  
Born chipped femur

Date of onset \_\_\_\_\_

Other contributory causes of importance: 18 hr

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 8/15/39

Where did injury occur? 2102 Jarboe Kansas  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury Fell in home

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.  
 (Address) \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. No. 2.  
 80M-0-19-38  
 I X18603

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**