

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

Do not use this space.

23981

**1. PLACE OF DEATH**

County Ray Co Registration District No. 739  
Township Candler Primary Registration District No. 4407  
City West Candler (No. 5974) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Lottie Christine Feeney

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-24-1910

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
|        | 20    | 0      | 14   |  |

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Candler  
(STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER John H Feeney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Candler  
(STATE OR COUNTRY) Ray Co Mo

12. MAIDEN NAME OF MOTHER Ruth Pulse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russellville  
(STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Mrs Ruth Feeney  
(Address) Candler Mo

15. FILE NO. 25, 1930 W. N. Burgess REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-8 1930

17. I HEREBY CERTIFY, That I attended deceased from July 27th, 1930, to July 8th, 1930 that I last saw her alive on July 7th, 1930 and that death occurred, on the date stated above, at 12 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Leukocythemia, Bact

med stated from family had begun in Hospital R. O. Mo for several weeks (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Do not know  
72/15 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED Do not know  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Geo S. Pennington  
(Signed) \_\_\_\_\_, M. D.  
7/8, 1930 (Address) Candler, 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 Crown Cemetery DATE OF BURIAL 7/9-1930

20. UNDERTAKER F. S. Howland ADDRESS Candler Mo

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.

JUL 9 5 1930

