

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

Do not use this space.

37034  
4859

1. PLACE OF DEATH  
 County Jackson Registration District No. \_\_\_\_\_  
 Township Frank Primary Registration District No. \_\_\_\_\_  
 City Kansas City No. 1220 Brooklyn St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Annie Hale  
 (a) Residence. No. 1220 Brooklyn St. \_\_\_\_\_ 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. \_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
73 3 \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Benj. Taylor

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

12. MAIDEN NAME OF MOTHER Susan Gates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Sisie Hale  
 (Address) 1220 Brooklyn

15. FILED 12/24 19 27 M. M. Crowe  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/21 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-1-27 to 12-21-27 that I last saw her alive on 12-20-27, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Apoplexy

971/4-11 (duration) yrs. \_\_\_\_ mos. \_\_\_\_ da.  
 CONTRIBUTORY Arterio Sclerosis (SECONDARY) (duration) yrs. 3 mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED Place of death  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) D. R. C. Hayden, M. D.  
12/22, 19 27 (Address) 1738 Transit

\*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 Highland Cem DATE OF BURIAL 12/24 1927

20. UNDERTAKER Watkins Bros. ADDRESS 1729 Linden

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.

THIS IS A PERMANENT RECORD

