

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

County Jackson
Township Hart
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 5100
Registered No. 762
St. Lakeside (Word)

2. FULL NAME

Anna Elizabeth Hanley

(a) Residence. No. 6410 Independence St. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 1 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) NB Powers Light
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salina
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Lilis E. Hanley

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

12. MAIDEN NAME OF MOTHER Alice Stewart

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

14. INFORMANT Mrs. Alice Hanley
(Address) 6410 Indep. Ark

15. FILED 720 28 MM Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 19 28

17. I HEREBY CERTIFY, That I attended deceased from 2/14 1928, to 2/18 1928, that I last saw her alive on 2/15 1928, and that death occurred, on the date stated above, at 2:12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post operative infection & shock following appendectomy. Right ovectomy & Double Salpingectomy. Appendicitis. Ovaritis & Salpingitis. not interfered on.
CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Lakeside Hospital.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/14/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab. & clinical signs.

(Signed) J. E. Welch M. D.

7/19 1928 (Address) 203 Ridge Arc.

*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 Int. Washington

DATE OF BURIAL Feb 21 19 28

20. UNDERTAKER S. H. Newcomer's

ADDRESS East T. C. Mo.

U. S. 100-100-100

100-100-100

100-100-100