

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

Do not use this space.

8894

1063

1. PLACE OF DEATH

County Jackson Registration District No. 344
 Township Bellevue Primary Registration District No. 4000
 City Beards (No. Beards Joseph)

File No. 1063
 Registered No. _____ St. _____ Ward _____

2. FULL NAME

Mrs. Anna Harrison

(a) Residence, No. 3220 3/4 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 10 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Stenographer
 (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) Kansas

10. NAME OF FATHER John King

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

12. MAIDEN NAME OF MOTHER Violet Stephens

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

14. INFORMANT (Address) K.C. S. B. Hospital Beards Mo.

15. FILED 3/9 1928 M. J. Larson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 1928

17. I HEREBY CERTIFY that I attended deceased from Oct 22 1927 to Mar 8 1928 that I last saw him alive on Mar 8 1928 and that death occurred, on the date stated above, at 4:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
3/1/28

CONTRIBUTORY (SECONDARY) Chr. Septicemia

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
 (Signed) George C. Lee M.D.
19 1928 (Address) 1052 Angles Bldg.

*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 Wash. Washington DATE OF BURIAL 3-10 1928

20. UNDERTAKER B. M. Newcomer's Sons ADDRESS K.C., Mo.

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.

Genl. Houghton