JAN 23 1929

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

Do not use this space.

36758

1. PLACE OF DEATH

County Jackson — Registration District No. 396 — File No.

Township Fort Osage — Primary Registration District No. 5552 — Registered No. 18

City ~~Buckner~~ (No. ..... St. ..... Ward)

2. FULL NAME Anna June Harris

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

Length of residence in city or town where death occurred 14 yrs. 4 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	14	4	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School-girl
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Thomas D. Harris

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

12. MAIDEN NAME OF MOTHER Lee Edwards

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

14. INFORMANT Thomas D. Harris
(Address) Buckner Mo.

15. FILED 12-10, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Nov. 7, 1928, that I last saw her alive on Nov. 7, 1928, and that death occurred, on the date stated above, at 5:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
1228 V
(duration) ..... yrs. ..... mos. 5 or 6 ds.

CONTRIBUTORY (SECONDARY) X
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? X
WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) John W Robertson, M. D
12-10, 1928 (Address) Buckner, 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	DATE OF BURIAL
Buckner Cemetery	Nov. 9 1928
20. UNDERTAKER	**ADDRESS**
Vernon M. Reppert	Buckner

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.