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.

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

Do not use this space.

41198

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Law — Primary Registration District No. 1002
City Kansas City (No. 2839 Askew Ave St. Ward)

File No. [illegible]
Registered No. 5579

2. FULL NAME Mrs. Hannah M. White Tackett
(a) Residence. No. 2839 Askew St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6. 1836

7. AGE — YEARS 92 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Dayton
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Samuel Orbit
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hannah Shoemaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. F. W. Bernard
(Address) 2839 Askew

15. FILED 1/31, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 31, 1928 that I last saw her alive on Dec 31, 1928, and that death occurred, on the date stated above, at 4.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis
[illegible] (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? observation
(Signed) [illegible] M. D.
Jan 1, 1929 (Address) 6900 Washington Park Blvd

*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 Mt. Washington Cem — DATE OF BURIAL Jan 3 1928

20. UNDERTAKER D. W. Newcomers Sons — ADDRESS 2111 E. 9th St

Ben. 0830
2 to 4