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

Do not use this space.
27922 ✓
3615

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. Geo. H. Nettleton Home St. ..... Ward)

2. FULL NAME Anna Louise Trantum

(a) Residence. No. Geo. H. Nettleton Home St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5125 Gregory Pkwy yrs. mos. 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	1	21	

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

9. BIRTHPLACE (CITY OR TOWN) Clumbus
(STATE OR COUNTRY) Pennsylvania

PARENTS
10. NAME OF FATHER Lyman Trantum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Harriet Jane Bush
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT John T. Trantum
(Address) 1121 Waverly Kansas City Kans.

15. FILED 8-24 1929 M. M. Crane asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to August 23, 1929 that I last saw her alive on August 21, 1929, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver 124-B 97
(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? 122 B1
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John G. Lapp, M. D.
8-23, 1929 (Address) 1812 Fiderdl Reserve Bk 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~~ Elmwood Cemetery — DATE OF BURIAL 8-26 1929

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.

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