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.
28199

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 331F
City Kansas City (No. 1831, Lister St. Ward)

2. FULL NAME Anna E. Headlee
(a) Residence, No. 1831 Lister St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. R. Headlee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 29, 1862

7. AGE: YEARS 69 — MONTHS 5 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER
13. NAME: John Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ken.

MOTHER
15. MAIDEN NAME: Elizabeth-- Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ken.

17. INFORMANT (ADDRESS): E. S. Headlee, 1831 Lister

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem. DATE Aug. 4, 1931

19. UNDERTAKER (ADDRESS): J. P. Louis Funeral Home, Kansas City, Mo.

20. FILED 8/3 1931 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 2, 31, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to Aug 2, 1931
I last saw her alive on Aug 1, 1931. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis	8-1-31
131	
93C	
97	

Other contributory causes of importance:
Chronic nephritis - several years
Myocarditis " "
Arteriosclerosis " "

Name of operation 8 — Date of
What test confirmed diagnosis? Laboratory — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

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24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. S. Mirrman, M. D.
(Address) 1223 Rialto Bldg K. C. Mo