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.

34606

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kc Mo
Registration District No. 3
Primary Registration District No. 1
(No. Research Hosp. St. Ward)
File No.
Registered No. 4325

2. FULL NAME Henthorn, Mrs. Anna
(a) Residence, No. Hennessey Okla. St. RR No 3 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1866

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 65 | 3 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Co near Terre Haute Ind

FATHER
13. NAME Wm R Hougland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Ind

MOTHER
15. MAIDEN NAME Louise Mays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Ohio

17. INFORMANT (ADDRESS) W. W. Henthorn Ft Worth, Tex

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hennessey Okla DATE 10/27 1931

19. UNDERTAKER (ADDRESS) Porter & Eads K. C. Mo

20. FILED 10/26 1931 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 1931.

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1931, to 10-26, 1931, I last saw her alive on 10-26, 1931. Death is said to have occurred on the date stated above, at 8.55 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 10-26-31 |
| 94L | |
| (sudden) 94B | |

Other contributory causes of importance:

Name of operation Perineorrhy. Excision Cervical Polyps Date of 10-20-31
What test confirmed diagnosis? Clinical 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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Offnut, M. D.
(Address) 1016 Prof Bldg. K. C. Mo