

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

Do not use this space.

5017

**1. PLACE OF DEATH**

Country Jackson  
Township Kaw  
City K.C.Mo. (No. 1116-E-Armour)

Registration District No. 399

Primary Registration District No. 1008

File No. \_\_\_\_\_  
Registered No. 598  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Hamman  
(a) Residence, No. Los Angeles Cal St. West Park 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 Fe 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Superior Wisconsin

13. NAME Joseph B. Berard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME Mary Codette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Top of the Lake Wisconsin

17. INFORMANT (ADDRESS) Mrs. E. M. Verbeek 1116 - E - Armour

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank Hill DATE Feb - 6 - 1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster K.C.

20. FILED 376 19 33 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 - 1933 to Feb 5 - 1933  
I last saw her alive on Feb - 4 - 1933. Death is said to have occurred on the date stated above, at 2 45 p. m.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Jan 25 - 1933

Other contributory causes of importance: Influenza

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
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? ✓  
If so, specify \_\_\_\_\_  
(Signed) C. L. Forster M. D.  
(Address) 810 Criggle Hall - Kansas City, Mo.

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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~~Dr. J. F. Williams~~  
~~Dr. M. C. Alderman~~

Dr. C. Switzer  
Argyle, Ia. 0149

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