

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

Do not use this space.

33120

4054

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Jean Primary Registration District No. _____
City Kansas City (No. 7-C General Hosp) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Anna Lea Happy
(a) Residence, No. 4617 E 7th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24-26

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>6</u>	<u>11</u>	<u>18</u>		

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

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) Kansas City Mo.

13. NAME J. N. Happy

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

15. MAIDEN NAME Florence Watters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Bevora flex 7-C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Oct. 14 1933

19. UNDERTAKER (ADDRESS) Mr. C. H. Farsta 918 Broadway

20. FILED Oct 14 1933 m m Craze asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-11 1933 to 10-12 1933
I last saw him alive on 10-12 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:

Diphtheria
Date of onset _____

Other contributory causes of importance: 10/10

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. H. Jennett M. D.

(Address) 0-1233 Dept 7-C Gen Hosp 7-C 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.

NOV 10 1933

