

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.

39914-A

## PLACE OF DEATH

County JacksonRegistration District No. 396Township FieldPrimary Registration District No. 3552City Field (No. 1)St. Mo. Ward 12. FULL NAME Anna Peace Jarner(a) Residence, No. Jackson Co. St. Mo. Ward 1  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. 10 mos. 5 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest James</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20 1878</u>		
7. AGE <u>55</u>	YEARS <u>10</u>	MONTHS <u>8</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec 31 1933</u>
	11. Total time (years) spent in this occupation <u>10</u>

12. BIRTHPLACE (CITY OR TOWN) Jackson County  
(STATE OR COUNTRY) Mo.13. NAME William P. Peace14. BIRTHPLACE (CITY OR TOWN) Jackson Co.  
(STATE OR COUNTRY) Mo.15. MAIDEN NAME Kathleen E. Johnson16. BIRTHPLACE (CITY OR TOWN) Jackson Co.  
(STATE OR COUNTRY) Mo.17. INFORMANT Ernest James Jarner  
(ADDRESS) 212 S. 1st St. Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Field Church DATE Dec 31 193319. UNDERTAKER W. L. Mitchell  
(ADDRESS) Independence Mo.20. FILED Feb 10 1934 W. L. Mitchell  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 193322. I HEREBY CERTIFY, That I attended deceased from Dec 28 1933 to Dec 28 1933I last saw him alive on Dec 1 1933. Death is saidto have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Dementia Praecox Date of onset 1929

Other contributory causes of importance:

Name of operation No Date of IVWhat test confirmed diagnosis? No Was there an autopsy? IV

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury NoWhere did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) W. L. Mitchell M. D.(Address) Independence Mo.

