

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

Do not use this space.

16846

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Reed Primary Registration District No. _____

City Kansas City (No. Henry Northern Loop) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Anna Marie Terrey

(a) Residence, No. 6440 Budo St. _____ 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James F Terrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 1 28

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

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) Ky.

13. NAME Michael O'Connell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Margaret Nucky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT James F. Terrey

(ADDRESS) K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lawrence DATE May 18 1934

19. UNDERTAKER J. O'Connell Co

(ADDRESS) K. C. Mo

20. FILED May 18 1934 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 17, 1934. I last saw her alive on May 17, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

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

Pneumonia Date of onset May 12
Broncho pneumonia
1-2-34
1078 1440
Other contributory causes of importance:
Placental Previa
Miscarriage May 10

Name of operation None Date of _____

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) Ray Stevens, M. D.

(Address) 62 + Brookside
St. Louis

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.

JUN 19 1934

