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.

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

SEP 21 1934

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No. 29683
Township Kaw — Primary Registration District No. 5558 — Registered No. 60
City ~~Kansas City~~ (No. Armour Memorial Home St. — Ward)

2. FULL NAME Anna Reavis
(a) Residence, No. Armour Memorial Home 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20, 1861
7. AGE: YEARS 72 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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): No information

FATHER
13. NAME: Daniel Reavis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Harriett Cordry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. C. P. Buxton 4124 (Monroe)
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Hill Ave DATE Aug 24 1934
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED 8-24 1934 Fred R. Lindsay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Aug 22, 1934
I last saw her alive on Aug 21, 1934. Death is said to have occurred on the date stated above, at A. m. 11:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
94B	
97 Coronary Sclerosis	?
Other contributory causes of importance:	
Arterio-sclerosis	3-4 yrs ago ?

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? —

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) F. B. Wallace, M. D.
(Address) 703 Lathrop Bldg

Wallace