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

Do not use this space.

31310
8616

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No.

1. PLACE OF DEATH SEP 13 1934
County
Township
City St. Louis (No. 4405 Hoffman St. Ward)

2. FULL NAME Anna V Harkins {Hawkins}
(a) Residence, No. 4405 Hoffman St., 3 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry V Harkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12 - 1886

7. AGE: Years 48 | Months 1 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: at Home
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): Austria

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Harry V Harkins 4405 V Hoffman

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Aug 27, 1934

19. UNDERTAKER (ADDRESS): Thos J Finan 1518 S Grand

20. FILED AUG 29 1934 J H Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1934, to Aug 24, 1934
I last saw her alive on Aug 24 1934. Death is said to have occurred on the date stated above, at 11 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Chr. Interstitial)	
Myocarditis Acute	8-17-34

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Laboratory & Clinical 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) D. F. Cleveland, M. D.
(Address) 5930 Southwest Ave