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.

OCT 17 1934

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

Do not use this space.

33024

1. PLACE OF DEATH
County Jackson — Registration District No. 393 — File No.
Township Kan — Primary Registration District No. 1 — Registered No. 4353
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Anna E. Stark
(a) Residence, No. Hickman Mills St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF L. J. Stark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1882

7. AGE — YEARS 52 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Louisiana Mo

FATHER
13. NAME Joel Stark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas Ill

MOTHER
15. MAIDEN NAME Louisa Parkhurst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs. M Thompson Hickman Mills

18. BURIAL, CREMATION, OR REMOVAL
Forrest Hill K.C. Mo DATE 9-25-34

19. UNDERTAKER (ADDRESS) Hamel - Walton 819 E 31st K.C. Mo

20. FILED 9-26, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-34 19

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1934, to 9-24, 1934
I last saw her alive on 9-24, 1934 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
48	
1394	
48	

Other contributory causes of importance: Carcinoma of Uterus

Name of operation Hysterectomy Date of 9-12-34
What test confirmed diagnosis? Lab 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? no
If so, specify
(Signed) Carl Guerre, M. D.
(Address) 1424 Prof Bldg