

COPY 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.

MAR 21 1935

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

Do not use this space.

4646

1. PLACE OF DEATH

County Cass Registration District No. 1576
Township Franklin Primary Registration District No. 4090
City Harrisonville St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
88 3 9

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

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) Cass County
(STATE OR COUNTRY) Missouri

13. NAME Jacob Chanks

14. BIRTHPLACE (CITY OR TOWN) Penna
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Pennington

16. BIRTHPLACE (CITY OR TOWN) Penna
(STATE OR COUNTRY)

17. INFORMANT E. F. Nettle
(ADDRESS) Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caldwell DATE 2/6 1935

19. UNDERTAKER Reinberger Bros Ltd
(ADDRESS) Harrisonville Mo.

20. FILED 715 1935 W. S. Long
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1930 to Feb 4 1935

I last saw her alive on Feb 1935. Death is said to have occurred on the date stated above, at 4:20 P m.

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

Arteriosclerosis Date of onset _____

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. S. Triplett, M. D.

(Address) Harrisonville, Mo.

