

DEC 16 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35949

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence, Mo. St. _____ Ward _____

2. FULL NAME Miss Anna L. Atkins
(a) Residence, No. 706 S. Park St. 4th Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? _____ mos. ds.

File No. _____
Registered No. 35949
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 3 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner
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) Woodford Co., Ky
13. NAME Miss Anna L. Atkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodford Co., Ky
15. MAIDEN NAME Miss Anna L. Atkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodford Co., Ky
17. INFORMANT Brother Calvin Atkins
(ADDRESS) Independence, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE Nov. 26, 1935
19. UNDERTAKER Dr. Mitchell
(ADDRESS) Independence, Mo.
20. FILED 12-2-35 F. L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 24 - 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1935, to Nov 24, 1935
I last saw h. w. alive on Nov 23, 1935 Death is said to have occurred on the date stated above, at 10 P. m.

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

Other contributory causes of importance:
A. I. B.

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? _____
If so, specify _____
(Signed) Joseph T. ... M. D.
(Address) Independence, Mo.

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.

77 55 59

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Handwritten text, possibly a signature or name, oriented vertically.

Handwritten text, possibly initials or a date.

Handwritten text, possibly a signature or name, oriented vertically.