

MAR 16 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Jackson Primary Registration District No. 1002  
 City Kansas City (No. 7-C General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10478  
1728  
 Registered No. \_\_\_\_\_

## 2. FULL NAME

Harnett Anderson  
 (a) Residence, No. 1830 E. 48th St Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
55 10 24

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.

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) Ill13. NAME John Peterson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Alma Speltz16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Nurse Clerk  
(ADDRESS) 7-C Gen. Hosp. RCM18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah DATE 3/4/3619. UNDERTAKER St. Funeral Home  
(ADDRESS) 6606 Grand Ave20. FILED 3/3 1936 M. M. Corowe  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1 193622. I HEREBY CERTIFY, That I attended deceased from 2-2 1936 to 3-1 1936I last saw her alive on 3-1 1936 Death is saidto have occurred on the date stated above, at 1:40 PM

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

Bronchopneumonia Date of onset

Other contributory causes of importance:

Arteriosclerosis

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) [Signature] M. D.(Address) 7-C Gen Hosp

