DEC 20 1936

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

Do not use this space.

41291

File No. ..... Registered No. .....

1. PLACE OF DEATH

County Jackson ..... Registration District No. .....

Township 3W ..... Primary Registration District No. .....

City Kansas City ..... (No. 5739 Harrison ..... St. ..... Ward)

2. FULL NAME Mrs. Anna Hull Cannon

(a) Residence, No. 5739 Harrison ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 23, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	10	20	

OCCUPATION

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

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) Pennsylvania

FATHER

13. NAME Samuel Hull

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

MOTHER

15. MAIDEN NAME Maria Watts

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

17. INFORMANT John S. Cannon
(ADDRESS) 5739 Harrison, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salina, Kansas DATE 11-14 1936

19. UNDERTAKER Stipe & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 11-14- 1936 M M Crouch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936 to Nov 13, 1936

I last saw her alive on Nov 13, 1936 Death is said to have occurred on the date stated above, at A. m. 10:45

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

	Date of onset
Cerebral apoplexy	9/20/36

Other contributory causes of importance:

Arteriosclerosis
Hypertension, arterial

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external cause (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) Otto H. Hachinger, M. D.

(Address) 1500 Professional Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

3929 Ubinich
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