

FEB 25 1937

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

Do not use this space.

1575

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Ka.W. Primary Registration District No. 1002  
City Kansas City (No. St. Joseph Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Mrs. Anna Bernadine Jackson

(a) Residence, No. 8246 Belleview 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 10 10

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. 235

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) Sweden 24

13. NAME Ann Oberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 24

17. INFORMANT John Jackson  
(ADDRESS) 8246 Belleview

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 22 1937

19. UNDERTAKER D.W. Newcomer's Sons  
(ADDRESS) \_\_\_\_\_

20. FILED Jan 21 1937 Dr. G. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1937, to Jan 20 1937.  
I last saw him alive on Jan 20 1937 death is said to have occurred on the date stated above, at 6:00 P.M.

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

Pulmonary Embolism Date of onset \_\_\_\_\_

Other contributory causes of importance:

Thrombosis Right leg  
distal + retrograde  
obstruction to venous blood  
Name of operation \_\_\_\_\_ Date of Jan 7 1937  
What test conducted and results \_\_\_\_\_ 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) Dr. G. Brown M. D.(Address) 214 Withman Bldg.

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.

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Dr. Wirthman Bldg.

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