

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398File No. 6154Township BluePrimary Registration District No. 3019Registered No. 59City Independence Mo.Sanitarium

St.

Ward)

2. FULL NAME

Anna Pearl Lincoln(a) Residence, No. 512 S. Broadway North Kansas City Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 2 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Separated

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

Clarence Lincoln

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

March 11-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48113

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)

Gresham Mo.

MOTHER FATHER 13. NAME

J P Knabel

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

Ind.

MOTHER 15. MAIDEN NAME

Broadhurst

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

Mo.

17. INFORMANT (ADDRESS)

Mrs Lu K Caster

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn DATE Feb 15 1937

19. UNDERTAKER (ADDRESS)

Morton Fumell Home

20. FILED

2-16-1937J. L. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1937, to Feb 14, 1937Last seen alive on Feb 14, 1937 Death is said to have occurred on the date stated above, at m.

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

Date of onset

Pulmonary artery thrombosis

Other contributory causes of importance:

Hysterectomy
ThrombophlebitisName of operation hysterectomy Date of 2-13-37What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. L. Cook(Address) Smithville Mo.

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.

13901

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1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township

Primary Registration District No. 3019

City Independence

File No. 6154

Registered No. _____

2. FULL NAME

Anna Pearl Lincoln

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Separated

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

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

7. AGE

48

YEARS

11

MONTHS

3

IF LESS than 1 day, _____ hrs. or _____ min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 4/19 1937 F. L. Book Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

last seen _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____, in _____.

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

Date of onset _____

Other contributory causes of importance:

Systemic myofibroma of uterus.

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) A. E. Spelman, M. D.

(Address) Smithville Mo.

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.

SUPPLEMENT

S-6154