

APR 8 1937

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

Do not use this space.

9471

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. 514)

Registration District No. 399  
Primary Registration District No. 100  
West 39th

File No. 100  
Registered No. 100  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Anna A. Mitchell

(a) Residence, No. 514 West 39th St., \_\_\_\_\_ Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cyrus R. Mitchell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1888</u>		
7. AGE	YEARS	MONTHS
	<u>48</u>	<u>7</u>
		DAYS
		<u>8</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Chanute, Kansas  
(STATE OR COUNTRY)

FATHER	13. NAME <u>Oscar Hagstrom</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Sweden</u> (STATE OR COUNTRY)
MOTHER	15. MAIDEN NAME <u>Charlotta Johnson</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Sweden</u> (STATE OR COUNTRY)

17. INFORMANT Viola Hastrom  
(ADDRESS) 514 W. 39th St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Elmwood Cemetery DATE March 9, 1937

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED Mar 8 1937 M. M. Grome  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/37, 19

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19

I last saw him alive on 9:07, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, \_\_\_\_\_ m.

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

suicide by hanging  
16.5

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide suicide Date of injury 3/7/37, 19

Where did injury occur? 514 West 39th St. Kansas  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury suicide by hanging

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) [Address]

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

MARGIN RESERVED FOR BINDING

50M-10-2-36

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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.

