

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

Do not use this space.

15311

MAY 15 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1001 E. 11th St. _____ Ward _____)

File No. _____
 Registered No. 1057

2. FULL NAME Mrs. Anna Rossie Gatlin

(a) Residence, No. 1001 E. 11th St., Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Feb. 6, 1868 Henry W. Gatlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18 1868 Henry W. Gatlin</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1936, to Apr 17, 1937

I last saw her alive on Apr 19, 1937. Death is said

To have occurred on the date stated above, at 6:10 A.M.

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

Carcinoma of rectum
46

Date of onset

1936

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Plst Was there an autopsy? No

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 A.C.M. Cormick (Signed) _____, M. D.

(Address) Kansas City Mo

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallipolis Ohio</u>
	13. NAME <u>Robert D. Neal</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus Ohio</u>
	15. MAIDEN NAME <u>Elizabeth Mc Cormick</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallia Ohio</u>
	17. INFORMANT <u>Henry W. Gatlin</u> (ADDRESS) <u>1001 E. 11th</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CREMATION</u> DATE <u>APRIL 19, 1937</u>	
19. UNDERTAKER <u>D. W. Newcomer's Sons</u> (ADDRESS) _____	
20. FILED <u>Apr 19 1937 M. M. Brown</u> Registrar.	

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.

WHILE CURRENTLY OPENING THIS IS A PERMANENT RECORD

~~12th of Trout~~

1127A Trout