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.

JAN 17 1938

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

Do not use this space.

43982

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5210 East 28th St. .... Ward)

File No. ....
Registered No. 4885

2. FULL NAME Anna M. Hinshaw

(a) Residence, No. 5214 East 28th 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22, 1846

7. AGE YEARS 91 MONTHS 2 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

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) Indiana

FATHER

13. NAME William Barnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER

15. MAIDEN NAME Anna M. Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Sydney Hinshaw (Daughter)
(ADDRESS) 5214 E. 28th St., Kansas Cy., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Emporia, Kansas DATE Dec. 5 1937

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

20. FILED Dec 5 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1937, to Dec 3rd 1937

I last saw h.... alive on Dec 2nd 1937 Death is said to have occurred on the date stated above, at A. m. 3:45

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

Carcinoma of Stomach — 4 yrs.

Other contributory causes of importance: X

Name of operation None Date of ....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19....

Where did injury occur? X
(Specify city or town, county, and State)

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

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify X

(Signed) Chas. L. Perry, M. D.

(Address) 900 Benton Blvd

50M-1-22-36 X9314

Dr Chas P. Peery,
900 Ben 5th
Ch 6737