

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 156
Township Harrisonville Primary Registration District No. 4090
City Harrisonville No. Memorial Hospital St. Harrisonville (Ward)

File No. 45014

2. FULL NAME

Anna Bee Tabb
(a) Residence, No. Greenman, Mo. St. Greenman, Mo. Ward. Greenman, 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. - 2 mos. - 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1919

7. AGE YEARS 18 MONTHS 11 DAYS 14 If LESS than 1 day, hrs. or min.

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) Cass Co., Mo.

13. NAME Henry N Tabb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co., Mo.

15. MAIDEN NAME Pearl Rogge

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

17. INFORMANT Henry N Tabb (ADDRESS) Greenman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenman Mo. DATE 12/30 1937

19. UNDERTAKER Bannerburger Bur Co (ADDRESS) Harrisonville Mo.

20. FILED Dec 30, 1937 C.M. Griffith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1937 to Dec 28 1937

I last saw her alive on Dec 28 1937. Death is said to have occurred on the date stated above, at 7 P. m.

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

Ruptured appendix with General Peritonitis

Other contributory causes of importance: 121

Name of operation Appendectomy Date of 12/28

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) J. West M. D. (Address) Harrisonville Mo.

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 very important.

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