

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan.

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph.

(No. St. Joseph's Hospital.)

File No. 2081

Registered No. 40

St. _____ Ward _____

2. FULL NAME

Annie Harbrucker.

(a) Residence, No. R.F.D. 4 St. Joseph Mo. Ward _____

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 8 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.

10. Date deceased last worked at this occupation (month and year) Jan. 1938 11. Total time (years) spent in this occupation? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Missouri.

13. NAME Henry Ellis

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Carl A. Harbrucker (ADDRESS) R.F.D. #4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Jan. 13, 1938

19. UNDERTAKER H.O. Sidenfaden and Son (ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED 1-12-38 H. Metcalfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from viewed Jan 11th 1938, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, _____, Mo. 6:25P

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

Injuries received when struck by Auto while walking on Highway Belt Highway near St Joseph.

Other contributory causes of importance: none

Name of operation _____ Date of _____
What best confirmed diagnosis? History Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 11, 1938
Where did injury occur? Buchanan County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by Auto
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) B.W. Tadlock - Coroner M. D.
(Address) King Hill Bldg.

RECEIVED
FEB 21 1938
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MISSOURI STATE BOARD OF HEALTH

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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.

