REC'D APR 13 1939

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

Do not use this space.

File No. 11040

Registered No. 96

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township — Primary Registration District No. 3019
City Independence (No. 715 Proctor St. Ward)

58-0

2. FULL NAME Mrs. Anna Bean

(a) Residence, No. 715 Proctor St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 81 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ —
(OR) WIFE OF Ole Bean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 - 17 - 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	91	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) Bergen
(STATE OR COUNTRY) Norway

FATHER

13. NAME Jacob Johnson

14. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY) Norway

MOTHER

15. MAIDEN NAME No Record

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

17. INFORMANT Mrs. Cora Murphy
(ADDRESS) 715 Proctor Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE 3 - 16 - 1939

19. UNDERTAKER Henry W. Stahl
(ADDRESS) 815 W. Maple Ave. Indep. Mo.

20. FILED 3 - 18 - 1939 F. L. Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 14 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to March 14, 1939

I last saw h. alive on March 12, 1939. Death is said to have occurred on the date stated above, at 11:40 Am

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

Coronary Thrombosis — Date of onset Jan 1 1939

Other contributory causes of importance:

Senility

Name of operation None Date of

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 No, 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) [illegible], M. D.
(Address) [illegible]

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.

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

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