

FEB 26 1936

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

Do not use this space.

5749

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. 534
City Kansas City (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Anita Barnette Crawford

(a) Residence, No. Newborn Hotel St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 27, 1886.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 9 5

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) New York
(STATE OR COUNTRY) NEW YORK

13. NAME Gasper C. Barnette

14. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

15. MAIDEN NAME Josephine L. Elder

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

17. INFORMANT Mrs Anne N. Barnette
(ADDRESS) Newborn Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Cleveland, Ohio DATE Feb, 2, 36

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Missouri.

20. FILED Feb 26 1936 M. M. Brown
Registrar.

MOTHER FATHER OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February, 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Feb 2, 1936

I last saw him alive on Feb 1, 1936. Death is said to have occurred on the date stated above, at 1:40 m.

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

Carcinoma Left Ovary metastasis to lung
Date of onset 1/1

Other contributory causes of importance: _____

Name of operation yes Date of Jan 1936

What test confirmed diagnosis? operative Was there an autopsy? yes

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? _____

If so, specify _____

(Signed) Donald Beck, M. D.

(Address) 924 North Brady

RC 263

