

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.

APR 15 1936

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. 9445
Registered No. 453
St. Ward

2. FULL NAME Anna Gerstner Haffey

(a) Residence, No. 2616 Mitchell Ave. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 30 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
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bert F. Haffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1897.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Andrew County Missouri
(STATE OR COUNTRY)

13. NAME Andrew Gerstner

14. BIRTHPLACE (CITY OR TOWN) Easton Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Myer

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

17. INFORMANT Bert F. Haffey Mo.
(ADDRESS) 2616 Mitchell Ave. St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE March 28, 1936

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

20. FILED 3-26-36 John K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Mar 29, 1936. I last saw her alive on Mar 29, 1936. Death is said to have occurred on the date stated above, 10:00 P.M.

The principal cause of death and related causes of importance were as follows:
Dystro-myelitis of femur Mar 28, 1936

Other contributory causes of importance:
General Apsis Jan 18, 1936

Name of operation: Mammectomy Date of operation: Jan 20, 1936
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? 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? no
If so, specify.....

(Signed) John J. Bender Registrar, M. D.

