

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

Do not use this space.

6809

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 975
 Township Kaw Primary Registration District No. 102 Registered No. 102
 City Kansas City (No. 1607 Troost Ave.) St. _____ Ward _____

2. FULL NAME

Anna Hill - Benjamin
 (a) Residence. No. 1607 Troost St., 4 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 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 col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. J. Benjamin
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1884
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miss

10. NAME OF FATHER

Simon Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER

Clara Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Miss

14. INFORMANT

Atlas Smith

(Address) 1607 Troost Ave.

15. FILED

Feb 28 29 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 26 1929
17. I HEREBY CERTIFY That I attended deceased from Jan 30 1929 to Feb 26 1929 that I last saw her alive on Feb 25 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Carcinoma
4 1/2 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

Exhaustion
1 1/2 (duration) yrs. mos. ds.

18. WHERE DID DISEASE CONTRACT

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH. no DATE OF _____

20. WAS THERE AN AUTOPSY. no

21. WHAT TEST CONFIRMED DIAGNOSIS. Clinical

(Signed) H. Rinder, M. D.

(Address) 921 E. 18th St. W.C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Highland DATE OF BURIAL Feb. 28, 1929

20. UNDERTAKER

Adkins Bros ADDRESS 2000 E-12th

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 is very important.

295'
2
31
2

