

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

Do not use this space.

39588

1. PLACE OF DEATH

County Jackson Registration District No. 12
 Township Kaw Primary Registration District No. 1
 City Kansas City (No. 2117 Swope Parkway) St. Ward

File No.
 Registered No. 11162

2. FULL NAME Anna Lucretia Swales

(a) Residence. No. 2622 E. 9 St. 9 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 18 mos. 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/1/1849

| | | | | |
|-----------|-----------------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <u>81</u> | <u> </u> | <u>3</u> | <u>22</u> | <u> </u> |

8. OCCUPATION OF DECEASED 131
 (a) Trade, profession, or particular kind of work housework 1113
 (b) General nature of industry, business, or establishment in which employed (or employer) own home
 (c) Name of employer self-retired 1923

9. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT W. H. Swales
 (Address) 2622 E. 9

15. FILED 12/23, 1930 M. M. Crowe REGISTRAR
Assy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/23 19 30

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 23, 1930 that I last saw her alive on Dec 15, 1930, and that death occurred, on the date stated above, at 6:30a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac failure
Chronic nephritis
Edema of lungs
 (duration) yrs. mos. ds.

CONTRIBUTORY Cardio-renal vascular
 (SECONDARY) emphy
 (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS General edema etc
 (Signed) H. A. Brydolf, M. D.

12-23, 1930 (Address) 878 Medical Bldg

*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 Woodlawn KCK DATE OF BURIAL 12/26 19 30

20. UNDERTAKER Geo. H. Long ADDRESS KCK

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

H. Dreyfus Val 2722
Medical Officer of the Army