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.

NOV 10 1933

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

Do not use this space.

32982

File No. 3912

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo (No. 2416-E-11th St. Ward)
Registration District No. 599
Primary Registration District No. 100

2. FULL NAME Annie Roy ~~Roy~~
(a) Residence, No. 2416-E-11th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-29-1874
7. AGE 59 YEARS ~~64~~ MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY) Missouri

FATHER
13. NAME J. Dayton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) J. J. Williams 2416 East 11th
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 10-5 1933
19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave
20. FILED Oct 4th 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932, to Oct 3, 1933
I last saw her alive on Oct 3, 1933. Death is said to have occurred on the date stated above, at 12 15 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset Several Years
Other contributory causes of importance: Emphysema
Date of onset Several Years

Name of operation 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, 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) Ward Kennard M. D.
(Address) 3232 Summit St.

[illegible]
[illegible]

No. 1527
2-3-Pm-