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

Do not use this space.

33214

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K. C. Mo., (No. 2323 Wabash St. Ward) — File No. ____ Registered No. 140

2. FULL NAME Florence Anthony
(a) Residence, No. 2323 Wabash St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tony Anthony
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1904
7. AGE: YEARS 29 | MONTHS | DAYS | 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): Osage City, Kansas

FATHER
13. NAME: Allen Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Co. Ill.

MOTHER
15. MAIDEN NAME: Hattie Woodward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage City, Kans.

17. INFORMANT (ADDRESS): Sydney Owens 2323 Wabash St. K.C. Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Blue Ridge Lawn Cemetery K.C. Mo. DATE: 10-23-1933
19. UNDERTAKER (ADDRESS): Flynn & Greenstreet, K.C. Mo.
20. FILED 10-22-1933 M. M. Crowe Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1933, to 10-16, 1933
I last saw her alive on 10-15, 1933. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	10-12-33
1218	
129	

Other contributory causes of importance:

Acute Appendicitis	10-11-33

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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) H. Linder, M. D.
(Address) 1724 E. 18 St.

NOV 10 1933

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Be sure AGE should be stated EXACTLY. PHYSICIANS should state full name. AGE should be stated EXACTLY. PHYSICIAN is very important.