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

Do not use this space. 33294

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 4329
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 5527 Troost Avenue St. Ward)

2. FULL NAME Anna Frick
(a) Residence, No. 5527 Troost Avenue 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stephen Frick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 12, 1874
7. AGE: YEARS 59 — MONTHS 8 — DAYS 15 — 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): Germany

FATHER
13. NAME: Levine Barnsstorff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mr Stephen Frick, 5527 Troost Avenue
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 10/29/33 19
19. UNDERTAKER (ADDRESS): R. W. Lindsey & Sons, 3811 Broadway
20. FILED Oct 28, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1932, to Oct 27, 1933
I last saw her alive on Oct 27, 1933. Death is said to have occurred on the date stated above, at 10 05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
94 B	
94 B	

Other contributory causes of importance: arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury none
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Jas. W. Graham M. D.
(Address) 205 Argyle K.C. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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

U. S. No. 2