

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.

Do not use this space.

VA 3507
MAR 24 1934

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

4875

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2505 East 28th)

Registration District No. 3000
Primary Registration District No. 8000

File No. _____
Registered No. 597
St. _____ Ward _____

2. FULL NAME

Anna Lucy Churns
2505 East 28th

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph W. Churns</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1850</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>8</u>	DAYS <u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	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) Johnstown
(STATE OR COUNTRY) Pa

MOTHER FATHER 13. NAME John C. Dickey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME ---Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. H. Duderstadt
(ADDRESS) 3830 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE 2/9/34 19. _____

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED 2/8 1934 M. M. Casome
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-5 1934, to 2-7 1934
I last saw h.e.l. alive on 2-7 1934. Death is said to have occurred on the date stated above, at 3:30 pm m.
The principal cause of death and related causes of importance were as follows:

Date of onset 2-5-34

Myocardial Failure

107A
93D

Other contributory causes of importance:
Pneumonia, Bronchitis 2-26-34

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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) Charles J. Fisher M. D.
(Address) 700 Professional Bldg
Kansas City, Mo.

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