AUG 20 1935

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

Do not use this space.
22951

1. PLACE OF DEATH
County Jackson Registration District No.
Township ~~Kaw~~ Primary Registration District No.
City Kansas City (No. 3405 Wabash St. Ward)

File No. 2383
Registered No.

2. FULL NAME Mrs. Anna F. Fritz
(a) Residence, No. 3405 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 yrs. 10 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: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David E. Fritz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29th. 1859
7. AGE: Years 76 Months 3 Days 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Austoria

FATHER
13. NAME No Data
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

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

17. INFORMANT Mrs. J. C. Mecannon
(ADDRESS) 3405 Wabash
18. BURIAL, CREMATION, OR REMOVAL
PLACE Robinson Ill. DATE 7/3/35 19
19. UNDERTAKER W. F. Mayberry
(ADDRESS) City
20. FILED July 3 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd. 1935
22. I HEREBY CERTIFY, That I attended deceased from 1/1/35, 19..., to 7/2/35, 19...
I last saw ... alive on 7/2/35, 19... Death is said to have occurred on the date stated above, at 5:30 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Chronic hypertension & myocarditis

Name of operation No Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) R. Claffey, M. D.
(Address) 1113 Grand

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

Prof Bldg.
Ve 2200