

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.

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. K C Gen Hosp)

File No. 6248
Registered No. 624
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2534 Jefferson Ward. 1
(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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29--21
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse
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) Mo

13. NAME Anderson

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

15. MAIDEN NAME Mary Evans

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

17. INFORMANT (ADDRESS) Deputy Clerk, K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE Feb 6 1937

19. UNDERTAKER (ADDRESS) Gate Funeral Home

20. FILED 7 4 1937 M. M. Crave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1937 to 2-4 1937
I last saw him alive on 27-4-37 1937 Death is said to have occurred on the date stated above, at 12:10 a.m.
The principal cause of death and related causes of importance were as follows:

Subar Pneumonia Date of onset 10/8

Other contributory causes of importance: Empyema, right

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) P. J. De Maria M. D.
(Address) Supt K C Gen Hosp

