

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

Do not use this space.

JUN 22 1937

1. PLACE OF DEATH

County Jackson

Township Law Workington

City Kansas City

Registration District No. 404

Primary Registration District No. 558

(No. Armour Memorial Home 812 E. Wornall St.)

File No. 20334

Registered No. 26

Ward

2. FULL NAME

Anna Brown Wyatt

(a) Residence, No. Armour Memorial Home St. 1 Ward. 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Temple Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1862

7. AGE YEARS 75 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

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) Ohio

13. NAME Enoch George Brown

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

15. MAIDEN NAME Susan Fisher

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

17. INFORMANT Armour Memorial Home Records (ADDRESS) 812 & Wornall Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Kansas DATE May 22, 1937

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

20. FILED May 21, 1937 And R. Lindsay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

22. HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to May 20, 1937. I last saw her alive on Dec 19, 1937. Death is said to have occurred on the date stated above, at A. m. 12:20

The principal cause of death and related causes of importance were as follows:

Senile Dementia

Other contributory causes of importance:

Arteriosclerosis

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) W. C. Currell, M. D.

(Address) 810 Argyle Road

OCCUPATION
FATHER
MOTHER

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.

Orange Bldg 1.32
No 0147