

MOV 181937

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 Kaw Primary Registration District No. 1002
City Kansas City (No. 1171 East 76th Street Terr. St. _____ Ward _____

File No. 36763
4158
Registered No. _____

2. FULL NAME Mrs Annie E. Blodgett

(a) Residence, No. 1171 East 76th St., Terr. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 (OR) WIFE OF Samuel F. Blodgett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1852
7. AGE YEARS 37 85 MONTHS 4 DAYS 28 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) Reading MASS.

13. NAME Samuel W. Parker

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

15. MAIDEN NAME Charlotte B. George

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

17. INFORMANT Geo. P. Blodgett (ADDRESS) 1191 E. 77th Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Morian DATE 10/20/37 19.

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) Kansas City Mo.

20. FILED 10-19-37 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1937, to Oct. 18, 1937
I last saw her alive on Oct. 18, 1937 Death is said to have occurred on the date stated above, at 1:55 A.M.
The principal cause of death and related causes of importance were as follows:

Old age
chronic nephritis
134

Other contributory causes of importance: Terminal Pneumonia

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? _____
If so, specify _____
(Signed) Geo. Jones, M. D.
(Address) 802 E. 1st

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.

OCCUPATION
MOTHER
FATHER

