

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

Do not use this space.

15148

399

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. 2016
 Township Kaw Primary Registration District No. 13ellefontaine Registered No. 2016
 City Kansas City (No. 2535) St. Ward

2. FULL NAME

Annie C. Funk
 (a) Residence. No. 2535 Bellefontaine Ward. 13ellefontaine
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyrus Funk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 | 3 | 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) 130
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Haganstown
 (STATE OR COUNTRY) Md.

10. NAME OF FATHER David Hollinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Blanche LaRue
 (Address) 2535 Bellefontaine

15. FILED 5/17 27 H. H. Crowe REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1927

17. I HEREBY CERTIFY That I attended deceased from May 5, 1927 to May 15, 1927 that I last saw h. alive on May 15, 1927 and that death occurred, on the date stated above, at 10:52 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic endocarditis
and myocardial
degeneration
(arteriosclerosis of blood vessels)
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute nephritis
(severe)
 (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90 W
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical
 (Signed) H. H. Crowe M.D.
 5-16, 1927 (Address) 1017 Argyle Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington DATE OF BURIAL May 17 1927

20. UNDERTAKER H. H. Newcomer's Sons ADDRESS K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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3-6 .2342 Jackson