

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

Do not use this space.

30338

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 2422 Harrison)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1011
St. Ward)

2. FULL NAME

Anna Meade
(a) Residence - No. 2422 Harrison St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

Leol

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

Aug. 11, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48	1	29	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

John Houston

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Anna Findley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT (Address)

J. Johnson
305 N. Tocker

15.

FILED

10/11, 1927
27 M. M. Bruce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

10/10 1927

17.

I HEREBY CERTIFY, That I attended deceased from 10/9/27

....., 19....., to 10/10/27 19.....
that I last saw him alive on 10/10/27 19....., and that death occurred, on the date stated above, at 12:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pulmonary Edema
92 B
111 B
(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY)

Myocardial Insufficiency
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF BIRTH, I do not know

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History & Findings

(Signed) L. H. Howard, M. D.
10/11, 1927 (Address) 2348 Bellevue

*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

DATE OF BURIAL

Marshall Mo 10/11 1927

20. UNDERTAKER

ADDRESS

Natkins Bros. 1729 Lydia

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.

Howard