

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

Do not use this space.

33772

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1399
 City Kansas City (No. 4345 Bell St.) Registered No. 4542 Ward 7

2. FULL NAME Mrs. Anna Etta Prior
 (a) Residence No. 4345 Bell St., 7 Ward.
 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1-1865-

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
	<u>67</u>	<u>3</u>	<u>26</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (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) Ohio

10. NAME OF FATHER John Geesey

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

12. MAIDEN NAME OF MOTHER Sara Cook

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

14. INFORMANT J. G. Prior
 (Address) 4345 Bell St

15. FILED 11/29/27 M. M. Crause
ass't REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1927

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1927, to November 27, 1927, that I last saw h.a.l. alive on November 27, 1927, and that death occurred, on the date stated above, at 10:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Carcinomatosis 50
Recurrent after operation on 5.35
left breast about two years
ago. (duration) 0 yrs. 4 mos. 13 ds.

CONTRIBUTORY (SECONDARY) 47
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, YES

DID AN OPERATION PRECEDE DEATH? YES DATE OF

1 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? FINDINGS AT OPERATION AND HISTORY OF CASE
 (Signed) Shelton Swanton, M. D.
Nov. 28, 1927 (Address) 1800 Fed Res Bldg, 1st. Fl.

*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 Memorial Park DATE OF BURIAL 11/29/27

20. UNDERTAKER The Freeman Mortuary ADDRESS 427 Baltimore

WRITE PAINLY, 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.

Vic 4238.
11 o'clock -
to v -