

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

Do not use this space.

33759

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City Kansas City (No. 5414, Holmes) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4300

**2. FULL NAME**

Mrs. Anna Wetherill  
 (a) Residence. No. 5414 Holmes St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 45 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) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Widow  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 1866  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 | 8 | 8 | \_\_\_\_\_

**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)**

Leornworth  
 (STATE OR COUNTRY) Kansas

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**14.**

INFORMANT Leo Wetherill  
 (Address) 5414 Holmes

**15.**

FILED 10/22 28 M. M. Corvine  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22nd 1928  
 17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1927, to Oct 22nd, 1928, that I last saw him alive on Oct 21st, 1928, and that death occurred, on the date stated above, at 4:30 A. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma Stomach  
46 1/2 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH...  
 DID AN OPERATION PRECEDE DEATH? no DATE OF July 1927  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Pathology  
 (Signed) D. E. Lilly, M. D.  
10/22, 1928 (Address) 1022 Anglin Bldg 9/6 Mo.

\*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**

Wt Washington 10/23 1928

**20. UNDERTAKER**

**ADDRESS**

Greenman Mortuary 42nd

WRITE PLAINLY, 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.

