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

Do not use this space. 1563

48 10 9

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5812 Virginia St. .... Ward)
Registration District No. ....
Primary Registration District No. ....
File No. ....
Registered No. ....

2. FULL NAME Annie Bessie Schrum
(a) Residence. No. 5812 Virginia St. 15 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: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo F. Schrum
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 28 1884
7. AGE: Years 44, Months 11, Days 12. If LESS than 1 day, ... hrs. or ... min.
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): Chicago
(STATE OR COUNTRY): Ill

PARENTS
10. NAME OF FATHER: Roberts Ladd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: no Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT: Maud Ellen Marmer
(Address) 5812 Virginia

15. FILED 1-12 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 10 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1928, to Jan 10, 1929
that I last saw her alive on 1-10-29 19.., and that death occurred, on the date stated above, at 12:20 ..m.

THE CAUSE OF DEATH* was as follows:
Carcinomatosis
(duration) 1 yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Carcinoma of breast
Unknown (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Unknown
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History & Physical Condition
(Signed) Jno Morgan M.D.
1/10/ 1929 (Address) Kansas City 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: Elmwood
DATE OF BURIAL: Jan 12 1929

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: City

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.

26 2 8 31

John Hayata

818 Medical Bldg.

[illegible] 2222

am pm

11-12- 1-3