

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

Do not use this space.

1852

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

No. 3919 Tracy

File No. 445

Registered No. 445

St.

Ward)

2. FULL NAME Anne E. Coles

(a) Residence. No. 3919 Tracy

St.

Ward.

(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)

widowed

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

Robert W. Coles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1834

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

94

4

19

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) Madison

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

Shadrach Wilber

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Agnes Watts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT

(Address)

Prudence C. Weaver

3919 Tracy

15.

FILED

1-29-29 M.M. Cross

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 29 19 29

17.

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to Jan 29, 1929, that I last saw her alive on Jan 29, 1929, and that death occurred, on the date stated above, at 5:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY Chronic Interstitial (SECONDARY)

nephritis (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no

DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Clinical & Laboratory
Dr. D. W. Smith, M. D.

129, 1929 (Address)

1010 Chambers 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

DATE OF BURIAL

St. Washington
Mass., Michigan

1/31 1929

20. UNDERTAKER

ADDRESS

Stine & Mrs. Colmes 335 Gilcham

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.

Mr. Fred. S. Walsh
1010 Chambers 1904.
No. 5582 -