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

Do not use this space.

1433

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No.
City Kansas City Mo. — No. St. Lukes Hospital — St. — Ward)
File No.
Registered No. 425

2. FULL NAME Anna F. Killinger
(a) Residence. No. — St., — Ward. Belton, Mo.
(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: Chas. Killinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 19, 1860

7. AGE: Years 69 — Months 2 — Days 8 — 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

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

2

PARENTS
10. NAME OF FATHER: John Donaldson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Rachel Blackburn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Chas. Killinger
(Address) Belton, Mo.

15. FILED Jan 29, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1929, to Jan 27, 1930 that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
(duration) 3 yrs. mos. ds.

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

129a

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ewing S Wood, M. D
1/28, 1930 (Address) Belton 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: Belton Mo. — DATE OF BURIAL: 1/30 1930

20. UNDERTAKER: E. K. George & Sons — ADDRESS: Belton Mo.

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.