

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

Do not use this space.

*Mrs. Odair 5143*  
*ora. 2005*

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kear Primary Registration District No. 1000  
 City Kansas City (No. 5th Highland) St. 801 Ward 801

2. FULL NAME Anna M. Ginzley  
 (a) Residence, No. Little Sisters of the Poor 715 St. 15 Ward 15  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 1936 yrs. Feb. mo. 20 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 5 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 | 10 | 15 | |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) Home of 7 Home  
 (c) Name of employer

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

10. NAME OF FATHER Henry M. Ginzley

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

12. MAIDEN NAME OF MOTHER Margaret M. Manning

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

14. INFORMANT Little Sisters of the Poor  
 (Address) 58 Highland av - Kansas City

15. FILED 7/21 1930 M. M. Grove REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1930 to Feb 20 1930  
 that I last saw h... alive on Feb 20 1930, and that death occurred, on the date stated above, at 8:30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Chronic Myocarditis  
970  
91 (duration) 6 yrs. 6 mos. 6 da.  
 CONTRIBUTORY Arteriosclerosis  
 (SECONDARY) (duration) 5 yrs. 6 mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH No  
 DID AN OPERATION PRECEDE DEATH? No DATE OF...  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Paul U. O'Rourke, M.D.  
721 1930 (Address) K. 6. 720

\*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 St Marys Cemetery DATE OF BURIAL Feb 22 1930

20. UNDERTAKER John W. Wagner ADDRESS 1408 Grand Ave

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.

WRITE PLAINLY, WITH ORIGINATING...

336 Gallop Bldg

Tr 7010