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.

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

Do not use this space.

16315

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2223

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Kansas City Gen. Hosp. St. ..... Ward)

2. FULL NAME Anna Mayfield

(a) Residence. No. 443 W. 5th St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 18 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 ~~Widow~~

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Mayfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 11 1895

7. AGE: YEARS 45 — MONTHS 2 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

23

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

PARENTS

10. NAME OF FATHER: George Walker

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

12. MAIDEN NAME OF MOTHER: Fannie Moore

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

14. INFORMANT: Reina Clerk
(Address) K.C. Gen. Hosp.

15. FILED 5/26, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-26 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-25, 1930, to 5-26, 1930 that I last saw her alive on 5-26, 1930 and that death occurred, on the date stated above, at 4:22 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

71A

58a

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... 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? Clin & Lab. Find

(Signed) P. E. Williams, M. D.

5-26, 1930 (Address) Supt. K.C. Gen. Hosp.

*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: Deep Water Mo. — DATE OF BURIAL: May 26 1930

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: 918 Brooklyn