WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
SE 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.

22751

File No. 2740

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City K.C. (No. Research Hospt St. Ward)

2. FULL NAME Mrs Anna M Kathrens

(a) Residence. No. #3 Concord St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: W. E. Kathrens

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 9th 1869

7. AGE: YEARS 61 — MONTHS 0 — DAYS 22 — 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: Geo Zang
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Walburger Falk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: W. E. Kathrens
(Address) #3 Concord

15. FILED 7/4, 1930 M. M. Crowe asst REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/1/30 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930, to June 30, 1930 that I last saw her alive on June 30, 1930 and that death occurred, on the date stated above, at 9:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic (multiple) diverticulitis of sigmoid colon.
107A
123C
69B
(duration) (?) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Toxemia: Bronchopneumonia
(duration) yrs. mos. 10 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? Physical & X-Ray
(Signed) Max Goldman, M. D.
7/[illegible], 1930 (Address) Med Arts 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: Calvary Cemetery — DATE OF BURIAL: 7/4/30 19

20. UNDERTAKER: W. F. Mayberry — ADDRESS: K City, Mo