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

Do not use this space.

26809 3

1. PLACE OF DEATH

County: Jackson — Registration District No.: 99 — File No.:

Township: Rowe — Primary Registration District No.: 1002 — Registered No.: 3414

City: Kansas City (No. 515 Howard Court St. Ward)

2. FULL NAME Amelia Andersen

(a) Residence. No. 505 Howard Court St., 3 Ward. (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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 4 - 1845

7. AGE: Years 85 — Months — Days 9 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

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

PARENTS

10. NAME OF FATHER: Robert Nelson

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

12. MAIDEN NAME OF MOTHER: Amelia Nelson

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

14. INFORMANT: Jas Gast (Address) 509 Howard Court

15. FILED 8/18, 1930 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1930, to Aug 13, 1930 that I last saw her alive on Aug 12, 1930, and that death occurred, on the date stated above, at 8:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia - 131

132B

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis

(duration) yrs. mos. ds. Indefinite

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129A

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical Curvature

(Signed) W. C. Willits, M. D.

Aug 13, 1930 (Address) 920 Argyle Bldg Kansas City

*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: Highland Park Cemetery — DATE OF BURIAL: Aug 19 1930

20. UNDERTAKER: L. A. Thersen — ADDRESS: 2512 Halmst

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.