

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

Do not use this space.

1555

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. General Hospital # 2)

Registration District No. 387
Primary Registration District No. 1

File No. _____
Registered No. 387
St. _____ Ward _____

2. FULL NAME

Anna Wall
(a) Residence. No. 3305 Quincy St., 14 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 1891

7. AGE YEARS 58 (?) MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

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

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

14. INFORMANT Richard Clark (Address) City Hospital mo 2

15. FILED 1-26-31 M. M. Corvick REGISTRAR
Clark

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan 23, 1931, that I last saw h.e.r. alive on Jan 23, 1931, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis
97
162 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) senile Psychosis (duration) 2 yrs. _____ mos. _____ ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? (1)

(Signed) P. M. Miller, M. D.
1/23, 1931 (Address) City mo 2

*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 Blue Ridge Lawn DATE OF BURIAL Jan 26, 1931

20. UNDERTAKER West, Appleton & Jones ADDRESS 1600 E. 19th

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.

