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.

399

10042

1. PLACE OF DEATH
County Jackson
Township Kan
City K.C. Mo.
Registration District No. 8038
Primary Registration District No.
(No. 6032 - E - 13th K.C. Mo. St. 1315 Ward)
File No.
Registered No.

2. FULL NAME Anna E. Sullard
(a) Residence. No. 6032 E 13 St., 12 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 Fe
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 J. W. Sullard Sr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
59	9	16	

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) none
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Geo W Spiese
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER no Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT J. W. Sullard
(Address) 6032 E 13th K.C. Mo

15. FILED 3/17, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to 3/17, 1931 that I last saw him alive on 3-17-31, and that death occurred, on the date stated above, at 5:09 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Uremia, Carcinoma of bladder - Liver

(duration) Do not know yrs. mos. ds.

*CONTRIBUTORY (SECONDARY) 5310

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. Kinney M. D
3-17, 1931 (Address) 311 Argyle 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 Forest Hill
DATE OF BURIAL 3-18 1931

20. UNDERTAKER Mrs. C. L. Forster
ADDRESS K.C. Mo.

Argyle Vi-1572
4937 Forest Hi-5986
We-9500