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.

14095

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1603
Township Kan — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. 1208 Indiana St. Ward)

2. FULL NAME Sadie J. Anthony
(a) Residence. No. 1208 Indiana St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ben Anthony

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-21-1876

7. AGE: YEARS 54 — MONTHS 4 — DAYS 14 — 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

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

PARENTS
10. NAME OF FATHER: Peter H Handcock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): S. C.
12. MAIDEN NAME OF MOTHER: Louise Carrollton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Theo. Anthony
(Address) 1208 Indiana

15. FILED 4/6, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 5 — 1931

17. I HEREBY CERTIFY, That I attended deceased from April 4th (6 PM), 1931, to ....., 19.... that I last saw her alive on April 5th, 1931, and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
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42A (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): Chronic Endocarditis
(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 (Refused)
WHAT TEST CONFIRMED DIAGNOSIS?

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(Signed) B. T. Volglaner, M. D
4/6, 1931 (Address) 3305 E 12th St

*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: 4-8-1931

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K. C. Mo.

W. T. Colglazier

3305-E-12-Ch-3047

Colglazier

4-8