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

Do not use this space.

34504

File No. 1223

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No.
Township Raw Primary Registration District No.
City Kansas City (No. 3629 Tracy St. Ward)

2. FULL NAME Miss Anna R Alexander

(a) Residence, No. 3629 Tracy St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3. 1875

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yeager School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME John D. Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Kentucky

MOTHER
15. MAIDEN NAME Margaret E. Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Miss Mattie D. Alexander
(ADDRESS) 3629 Tracy

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Harrodsburg, Ky DATE Oct 20, 1931

19. UNDERTAKER W. W. Newcomer's Sons
(ADDRESS) 2111 E 9th St. K. C. Mo.

20. FILED 10-18-1931 M. M. Osborne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mch. 15th, 1931, to Oct 18th, 1931

I last saw h... alive on Oct 15th, 1931. Death is said to have occurred on the date stated above, at 12 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary Bronchitis, ending in Bronchial pneumonia	Mch 15/31 about May 7/31

110

Other contributory causes of importance:

Pleurisy with Effusion

Name of operation Aspiration Date of Oct 6

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. R. Curry, M. D.
(Address) 905 Locust St.

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

MARGIN RESERVED FOR BINDING

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.

Mr. C. R. Curry
Sherman Hotel
Sunday 2 P.M