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

Do not use this space.

34633

1. PLACE OF DEATH

County: Jackson — Registration District No.: 35 — File No.:

Township: Raw — Primary Registration District No.: 1002 — Registered No.: 4252

City: K.C. Mo. (No. 4229 E-50th Terrace St. Ward)

2. FULL NAME: Mary Anna Folke

(a) Residence, No. 4229-E50th Terrace St. 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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15-1873

7. AGE: Years 58 — Months 4 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

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): Germany

FATHER

13. NAME: No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT: H. N. Folke
(ADDRESS) Martin City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 10/29/1931

19. UNDERTAKER: Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn, K.C. Mo.

20. FILED 10/28, 1931 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-27-1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 — 1931, to Oct 27 — 1931, I last saw her alive on Oct 27 — 1931. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

	Date of onset
Angina Pectoris	
9 days	
Hemiplegia Chronic	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) J. E. Langer, M. D.

(Address) 4625 Prospect Ave.

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.

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