

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

Do not use this space.

4709

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. Memorial Hospital)
 File No. _____ Registered No. _____
 Sr. _____ Ward _____

2. FULL NAME

Mrs. Mary Anderson
 (a) Residence, No. 1102 Benton Blvd. Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 21 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 15-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>2</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 225
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clinton 1
 (STATE OR COUNTRY) Missouri

13. NAME John M. Weidemeyer
 14. BIRTHPLACE (CITY OR TOWN) Virginia 2
 (STATE OR COUNTRY)

15. MAIDEN NAME Lelia Critschfield
 16. BIRTHPLACE (CITY OR TOWN) _____ 1
 (STATE OR COUNTRY) Missouri

17. INFORMANT Christopher G. Anderson
 (ADDRESS) 1102 Benton Blvd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clinton, Mo. DATE February 14, 1932

19. UNDERTAKER D. N. Newcomer's Sons
 (ADDRESS) Kansas City, Missouri

20. FILED 2/12 1932 M. M. Crowe
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932 to Feb 11, 1932
 I last saw her alive on Feb 11, 1932. Death is said to have occurred on the date stated above, at 10:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Hepatitis lobatum,
Septicemia
Hypost. Pneumonia
 Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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) T. H. [Signature], M. D.
 (Address) 11010 [Address]

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1610 Professional Bldg.

1-H

7th 6279