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.

8647 1232

File No.

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 80

Township Kaw — Primary Registration District No. 50

City Kansas City (No. 821 west 57th. st. terr. St. Ward)

2. FULL NAME Mrs. Phebe Ann Stewart

(a) Residence, No. 821 west 57 st. terr. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23, 1840

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
91	~~8~~ 11	0	

OCCUPATION

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.

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) Ohio

FATHER

13. NAME Ephraim Pennington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Sarah Robbins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. H.C. Anderson
(ADDRESS) 821 west 57th. st. terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 3-25-32, 19

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 3/24, 1932 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) [illegible], 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931, to Mch 23, 19[illegible]

I last saw her alive on Mch 23, 19[illegible]. Death is said to have occurred on the date stated above, at 2 10 P m.

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

	Date of onset
Acute Nephritis	
131	
130	
131	

Other contributory causes of importance:

Uraemia — Chronic Nephritis

Name of operation — Date of

What test confirmed diagnosis? Chemical 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) H. Anderson, M. D.

(Address)