

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

Do not use this space.

19703

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kear Primary Registration District No. _____
 City Kansas City (No. 2) General Hosp. _____ St. _____ Ward _____

File No. _____
 Registered No. 2513
 St. _____ Ward _____

2. FULL NAME

Anna Lauber
 (a) Residence, No. 2113 E 23rd St. 13 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 HUSBAND OF (OR) WIFE OF Arthur J. Lauber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 | 7 | 5

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. 35

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) Russia

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT De Ward Clerk
 (ADDRESS) 2113 E 23rd St Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland Park DATE 6-25 1932

19. UNDERTAKER Geo. E. Long
 (ADDRESS) 2 E Kansas

20. FILED 6/25 1932 M. M. Grove Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30 1932 to June 22 1932.
 I last saw her alive on June 22, 1932 Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute ulcerative endocarditis and acute hemorrhagic nephritis

Other contributory causes of importance: 9/10

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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 PE Williams M. D.
 (Signed) _____ (Address) Subt Rec Gen Hosp KCMo

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.

WHITE COPY LEFT, WITH UNPAIDING INVA.—THIS IS A PERMANENT RECORD

