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.

35710

File No. 4213

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No.

Township KAW Primary Registration District No.

City KANSAS CITY (No. 5543, CHESTNUT St. Ward)

2. FULL NAME MRS. ANNA M TODD

(a) Residence, No. 5543-CHESTNUT St., 16 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 FEMALE

4. COLOR OR RACE WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF TRUMAN R. TODD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-10-1893

7. AGE YEARS 39 MONTHS 4 DAYS 28 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. 235 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 y

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

FATHER

13. NAME C. L. DORR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3B

MOTHER

15. MAIDEN NAME Unk SWAN

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

17. INFORMANT MR. TRUMAN R. TODD
(ADDRESS) 5543-CHESTNUT-AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE NOVEMBER-10, 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111-EAST-9TH ST.

20. FILED 11/10, 1932 M M Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Nov 8, 1932

I last saw her alive on Nov 8, 1932. Death is said to have occurred on the date stated above, at 12:53 P m.

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

	Date of onset
Carcinomatosis of Lungs	about Aug 1932
Pneumonia acute	Nov 6 1932
50	

Other contributory causes of importance:

Carcinoma of Breasts	June 1928

Name of operation Breast amputations Date of June 1928

What test confirmed diagnosis? X Ray 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?

If so, specify

(Signed) Dean S. Rising, M. D.

(Address) 602 Argyle Bldg K.C. Mo.

.02 Argyle Bldg.
2:30 - 5

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