

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

Do not use this space.

35838

1. PLACE OF DEATH

County JACKSON  
Township KAW  
City KANSAS CITY (No. 4435)

Registration District No. 399  
Primary Registration District No. 1002  
PARK

File No. \_\_\_\_\_  
Registered No. 4346  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MRS ANNA M. BURENS

(a) Residence, No. 4435 PARK St. 15 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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 MICHAEL J. BURENS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-15-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 5 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.

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 10

13. NAME UNKNOWN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MR. MICHAEL J. BURENS (ADDRESS) 4435 PARK AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE NOVEMBER-22-1932

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

20. FILED Nov 21 1932 M.M. Carpenter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-20-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1930, to Nov 20, 1932

I last saw him alive on 11-18, 1932 Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Ferruginous Anemia Date of onset 3 yrs  
8/10/11 3 yrs or more  
7/11/11  
Other contributory causes of importance: Combined Sclerosis 1 1/2 yrs

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Substantive 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? no

If so, specify \_\_\_\_\_

(Signed) H. L. Foxen, M. D.  
(Address) H. L. Foxen, M.D., Wash

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.

602 Argyre Bag.

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