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

Do not use this space.

9777

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City Mo. (No. 5443 Garfield St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1381

2. FULL NAME: Mrs. Anna Esmond

(a) Residence, No. 5443 Garfield St., 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Dr. John Esmond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24, 1859

7. AGE: Years 73 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

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): Kentucky

FATHER
13. NAME: Wm Buckley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Willis M. Esmond,
(ADDRESS) 5443 Garfield, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Mar. 25-33, 19

19. UNDERTAKER: R.V. Lindsey & Sons, Inc.
(ADDRESS) K.C. Mo.

20. FILED: 3-24, 1933 M.M. Crowe
Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 24-33, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to March 24, 1933
I last saw her alive on March 18, 1933 Death is said to have occurred on the date stated above, at 4 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Myocarditis	1931
2	
3	
10	

Other contributory causes of importance:
Chronic Interstitial Nephritis
2 Hypertension 1931

Name of operation: X Date of: X
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) [illegible] M. D.
(Address) 925 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.