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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 32973
Township KAW — Primary Registration District No. 1002 — Registered No. 3903
City KANSAS CITY (No. 5740 - HARRISON St. ..... Ward)

2. FULL NAME MRS EMMA JANE ANDERSON
(a) Residence, No. 5740 - HARRISON St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 ROBERT M. ANDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-3-1868

7. AGE — YEARS: 65 — 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. 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) MISSOURI

FATHER
13. NAME JERRY M. HOLMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME ELMIRA SIMERMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT MR. ROBERT M. ANDERSON
(ADDRESS) 5740 - HARRISON ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. OLIVET HARDIN, MISSOURI DATE OCTOBER-5 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 10-4- 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Oct 3, 1933
I last saw her alive on Oct 3, 1933. Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Uremic Coma	9/26/33

Other contributory causes of importance:
Dental Sepsis
Chronic Colitis

Name of operation ..... Date of .....
What test confirmed diagnosis? Urine & Blood 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) Wilbur A Baker, M. D.
(Address) 1025 Argyle Bldg.

Dr. Wilbur G. Baker
1025 Argyle Bldg
12-12:30