JAN 26 1934

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

Do not use this space.

36842

File No. 36842

Registered No. 61

1. PLACE OF DEATH

County: Jackson — Registration District No.: 407

Township: Washington — Primary Registration District No.: 3328

City: ~~Kansas City, No. Lawson Ave~~ (No. ..... St. ..... Ward)

2. FULL NAME Mrs Anna Audsley

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. L. Audsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	7	26	

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. at Home

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) Ills

FATHER

13. NAME Henry L. Wheeler

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

MOTHER

15. MAIDEN NAME Nannie Wheeler

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

17. INFORMANT Earl Audsley
(ADDRESS) Richmond Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dewitt Mo DATE Nov 26 1933

19. UNDERTAKER Simmons Son
(ADDRESS) K. C. Mo

20. FILED 12-4 1933 O. F. Brainard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13 1933 to Nov. 24 -33 1933

I last saw her alive on Nov 24 1933 Death is said to have occurred on the date stated above, at 1 30 p.m.

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

	Date of onset
Chronic Endocarditis	???
Other contributory causes of importance: Chronic Nephritis	??

Name of operation ..... Date of 1934

What test confirmed diagnosis? ..... 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) Dr A. L. Pickerell, M. D.
(Address) 2 East 39th St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD