

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

Do not use this space.

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B. 71.

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City M. C. Mo. (No. 1315 E. 33rd, M.) St. _____ Ward _____

File No. _____
Registered No. 1035
St. _____ Ward _____

2. FULL NAME Freda Andalaft

(a) Residence, No. 1315 - East 33rd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A Andalaft
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-29-187
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 5 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/34, 19
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the breast Date of onset _____

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 _____

Other contributory causes of importance: 50

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
13. NAME Mrs Sidensticker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Finkler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

17. INFORMANT Ed. G Andalaft (ADDRESS) 1315 East 33rd St
18. BURIAL, CREMATION, OR REMOVAL at Elmwood
PLACE Cremation DATE 3/6/34, 19____
19. UNDERTAKER Mrs. E. L. Foster (ADDRESS) 978 Brooklyn Ave
20. FILED 376 19____ 34 m m Brown Registrar.

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) [Signature]
(Address) [Address]

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

