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.

MAY 25 1934

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

Do not use this space.

12903

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1652
City Kansas City (No. KC General Hosp St. Ward)

2. FULL NAME Anna Champ
(a) Residence, No. 5635 Anita St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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: Albert M. Champ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 6 1911

7. AGE: 23 YEARS, 2 MONTHS, 5 DAYS. 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): Mo.

FATHER
13. NAME: Geo Peterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Teresa Kreisel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Ward Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Pk. DATE: April 14, 1934

19. UNDERTAKER (ADDRESS): Rose & Henderson 13 & Jackson

20. FILED: Apr 12, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1934 to 4-11, 1934
I last saw her alive on 4-11, 1934 Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

Chorioepithelioma with metastases to lungs and brain

Date of onset

Other contributory causes of importance:

48
48
48
53C

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) D. F. DeMaria, M. D.
(Address) Supt KC Gen Hosp KC Mo