

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

Do not use this space.

20590

**1. PLACE OF DEATH**

County.....Jackson..... Registration District No. 300  
 Township.....Kaw..... Primary Registration District No. 1000  
 City.....Kansas City, Mo. (No. 2127 Jefferson)..... St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 20590  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Anna Lewis

(a) Residence, No. 2127 Jefferson 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel<sup>9</sup> Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) England

13. NAME Unknown Lewis

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Jas. Wheeler,  
 (ADDRESS) 2127 Jefferson, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL June 25-34  
 PLACE Oak Grove Cem DATE \_\_\_\_\_ 19\_\_

19. UNDERTAKER C.H. Blackman & Son, Inc.  
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 6/22 1934  
W. M. M. [Signature]  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20-34 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from June 11 1934 to June 20 1934  
 I last saw her alive on June 20 1934 Death is said to have occurred on the date stated above, at 1:45 PM

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

Chronic Myocarditis  
Senile Debility  
A3C  
132  
 Other contributory causes of importance: A3C

Name of operation none Date of \_\_\_\_\_

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? no 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. P. Klempner M. D.  
 (Address) 615 Arroyo Bedg

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.

JUL 17 1934

WHILE LIVING, WITH OWARDING INK—THIS IS A PERMANENT RECORD

2-6