

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

Do not use this space.

OCT 17 1934

1. PLACE OF DEATH

County Jackson

Township Franklin

City Kansas City

Registration District No. 399

Primary Registration District No. 1322

(No. 4121)

Ward Hyde Park

File No. 29626

Registered No. 4121

St.

Ward

2. FULL NAME

(a) Residence, No. 4121 Hyde Park

(Usual place of abode)

Ward.

(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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David N. Thomas.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11 - 1857

7. AGE

YEARS 82

MONTHS 7

DAYS 17

If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Anna M. Krasne

(ADDRESS) 4121 Hyde Park

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Sept 1 1934

19. UNDERTAKER By Law Funeral Home.

(ADDRESS) 721 C. mo

20. FILED Sept 1 1934

M M Crane Registrar.

2 MEDICAL CERTIFICATE OF DEATH True

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1934 to Aug 28th 1934

I last saw her alive on Aug 28th 1934 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Coronary of heart - Date of onset Jan 34

Other contributory causes of importance: empty

Name of operation ✓ Date of no

What test confirmed diagnosis? clinical 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 1934

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) Wm. Ritchey, M. D.

(Address) 908 Chautauque Bldg.

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