

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

Do not use this space.

36241

NOV 13 1934

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Rain

Primary Registration District No. 1003

City Kansas City (No. 2425)

Park

File No. 4744

Registered No. _____

St. _____

Ward _____

2. FULL NAME Anna Wilson

(a) Residence, No. 2425 Park

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Sonay Wilson</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-27-1891</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>7</u>	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Marrington Ark.</u>				
FATHER	13. NAME <u>Pete Jett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>So. Car.</u>			
MOTHER	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Sonay Wilson</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>10-29-1934</u>				
19. UNDERTAKER <u>Adkins Bros.</u> (ADDRESS) <u>2000 E. 12th</u>				
20. FILED <u>10-27-34</u> 19 <u>34</u> <u>M M Oyer</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1934, to Oct. 24, 1934.

I last saw her alive on Oct. 24, 1934. Death is said to have occurred on the date stated above, at 2:47 pm.

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

Acute Pulmonary Edema (Congestive) Hypertensive Heart Disease

Date of onset _____

Other contributory causes of importance: 95%

Name of operation None Date of _____

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 _____, 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) A. Starnes, M. D.
(Address) 1830 Vine

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.

