DEC 1 8 1934

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

Do not use this space.

39587

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 127 N. White St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. -
Registered No. 5093

2. FULL NAME Anna E B Sloan
(a) Residence, No. 127 N White St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen S Sloan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 68 MONTHS 11 DAYS 0 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) Lincoln Co Mo

FATHER
13. NAME Brisco
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Stephen Sloan Springfield, Ohio.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg Mo DATE Nov 26 1934
19. UNDERTAKER (ADDRESS) Sweeney - Phillips Warrensburg Mo
20. FILED 11-24 1934 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1934, to Nov. 25 1934
I last saw her alive on Nov. 25 1934 Death is said to have occurred on the date stated above, at 1.15 a m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108
92A
108
Date of onset 11-16-34
Other contributory causes of importance:
mitral regurgitation
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?
If so, specify
(Signed) Herman Shablin D.O. M.D.
(Address) 5707 St John. KC. Mo.

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.

Herman Shaven
5707 St John