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.

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

MAR 20 1935

Do not use this space.

5404

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township ~~KAW~~ — Primary Registration District No. 1002 — Registered No. 695
City KANSAS CITY (No. 5610, EAST-16TH St. Ward)

2. FULL NAME MRS. ANNA JUDSON
(a) Residence, No. 5610-EAST-16TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: JOHN W. JUDSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT-7-1855
7. AGE: YEARS 79 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: AT 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): MISSOURI

FATHER
13. NAME: DAVID PADELFORD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TAUNTON MASSACHUSETTS

MOTHER
15. MAIDEN NAME: MARY COSS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): MISS EDNA LEE CARTER 5610-EAST-16TH ST.
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE FEBR-15, 1935
19. UNDERTAKER (ADDRESS): D.W. NEWCOMER'S SONS 2111-EAST-9TH ST.
20. FILED 9/14, 1935 M. M. Crowe Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEBRUARY-13, 1935
22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1935 to 2-13-35, 19..
I last saw her alive on 2-12, 1935. Death is said to have occurred on the date stated above, at 2:00 P.m.
The principal cause of death and related causes of importance were as follows:
Cardiac failure — Date of onset
Other contributory causes of importance:
Labor pneumonia (ut lower lobe)
Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? 20
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) Walter Holbrook, M. D.
(Address) 1132 Prof Bldg.

45 10 9 1 2 31

1132 Professional Bldg
11-12; 1-3