NOTE. 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.

SEP 25 1935

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

Do not use this space.

26384

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St. Joseph Hospital St. Ward)

File No.

Registered No. 9425

2. FULL NAME Anna Charlotte Smith

(a) Residence, No. 6852 Edgevale Rd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/7/1891

7. AGE: Years 43 — Months 7 — Days 29 — 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.: own home

10. Date deceased last worked at this occupation (month and year): 6/34

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Kansas

FATHER

13. NAME: Peter Polson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Ida Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Ray Smith, 6852 Edgevale Road

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Park DATE 8/7, 1935

19. UNDERTAKER (ADDRESS): Geo. H. Long Mortuary, K C K

20. FILED Aug 6, 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1934, to Aug 6, 1935.

I last saw h. alive on Aug 6, 1935. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

	Date of onset
Hemorrhagic duodenal ulcer	1933
117 C-1	

Other contributory causes of importance: X

Name of operation X Date of X

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? 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 X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible], M. D.

(Address) 925 [illegible]

DW Willits Vic 1105
Argyle Bldg