

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

Do not use this space.

36218

1. PLACE OF DEATH ^{DEC 26 1935}
 County Jackson Registration District No. 33
 Township Kaw Primary Registration District No. 1005
 City Kansas City (No. 3011 Wabash) St. Lincoln Ward 370

2. FULL NAME Mrs. Edna Theresa Canfield
 (a) Residence, No. 3011 Wabash St. Lincoln Ward 370
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Frank Canfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>34</u>	<u>10</u>	<u>29</u>	

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) Kansas City (STATE OR COUNTRY) Mo.

13. NAME Louis A. Klein

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Anna J. Linder

16. BIRTHPLACE (CITY OR TOWN) Hessen (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Lydia Sifton (ADDRESS) 1218 Howe - Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE NOVEMBER 26 1935

19. UNDERTAKER D.W. NEWCOMERS SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED 11-25 1935 M. M. Crowe, registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1935

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935 to Nov. 24, 1935

I last saw her alive on Nov 24, 1935 Death is said

to have occurred on the date stated above, at 12:38 PM

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

Bronchopneumonia Date of onset Nov. 17 1935

Other contributory causes of importance:

Uremia Pregnancy 6 months duration Nov. 22 1935

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) Kenneth A. Davis, M. D.

(Address) 3301 Woodland

Kansas City, Mo.

MARGIN RESERVED FOR BINDING
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.

