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.

FEB 20 1936

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

Do not use this space.

1395

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K.C. Mo. (No. 645 Brighton St. Ward)

File No.
Registered No. 248

2. FULL NAME Anna Irinda Uetter
(a) Residence, No. 645 Brighton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Fl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1867
7. AGE: YEARS 68 — MONTHS 4 — DAYS 17 — 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) Indiana

FATHER
13. NAME George Farrar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Margaret Strovgn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. W. F. Kirch 3649 Bales
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan-17-1936
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster K.C. Mo.
20. FILED Jan 15, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14, 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1935, to Jan 14, 1936
I last saw her alive on Jan 14th, 1936. Death is said to have occurred on the date stated above, at 10:43 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Ceacum	
Chronic Interstit Nephritis	

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Other contributory causes of importance: Secondary Anemia

Name of operation none Date of ✓
What test confirmed diagnosis? X Ray Was there an autopsy? ✓

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? Residence (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) M. F. Sewell, M.D.
(Address) 818 Realto Bldg

Dr. Sewel
Rialto Bldg.
Ni 0896
12 - 7.00