

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 7 1936

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

Do not use this space.

1493

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 1002  
City Kansas city (No. 1132, white

File No. \_\_\_\_\_  
Registered No. 3197  
St. 320 Ward \_\_\_\_\_

2. FULL NAME Mrs Annie Sturges

(a) Residence, No. 1132 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 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John D Sturges</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-27-1862</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>74</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation _____
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) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-21-1936

22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1936, to Jan 21, 1936.  
I last saw her alive on Jan 21, 1936. Death is said to have occurred on the date stated above, at 7:28 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
acute dilatation of heart  
Date of onset 1935 1-21

Other contributory causes of importance:  
Hypertension 1930

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Alexander, M. D.  
(Address) Rosedale

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Glasgow Scotland

FATHER  
13. NAME Samuel Henderson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Scotland

MOTHER  
15. MAIDEN NAME Margaret Wilson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Scotland

17. INFORMANT (ADDRESS)  
Miss Lavinia Sturges  
1132 white

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Forest Hill DATE Jan 23, 1936

19. UNDERTAKER (ADDRESS)  
Blum new centers sons  
Kansas city - mo.

20. FILED 1/21; 1936 M. M. Cronin  
Registrar.

1401 Southwest Blvd.

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