

AUG 21 1936

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

Do not use this space.

31299

1. PLACE OF DEATH

County Jackson Registration District No. 404  
Township Kan Washington Primary Registration District No. 5558  
City Kansas City (No. 8444 Wornal Road) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 5-61

2. FULL NAME Sarah Anna Anderson

(a) Residence, No. 4109 Warwick Boulevard 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 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 Walter N. Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
68 9 0

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) Iowa

13. NAME Albert Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Elizabeth Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. E. B. McElroy  
(ADDRESS) 4109 Warwick Bld., Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, Kans DATE August 8, 1936

19. UNDERTAKER Stine & McClure Undertaking Co.  
(ADDRESS) 3235 Gillham Plaza

20. FILED Aug. 8, 1936 Fred H. Lindsey  
Sub-Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1936

22. I HEREBY CERTIFY, That I attended deceased, from March 19, 1936 to July 6, 1936

I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above, at 8 P.M. 6:45

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

Carcinoma of uterus Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) Elgar A. Johnson M. D.  
(Address) 1130 Rialto Bldg  
Kansas City, Mo.

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.

