NOV 16 1936

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

Do not use this space.

37766

File No. 4621

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kan — Primary Registration District No. 1002

City K. C. Mo (No. 4103 68 St. Ward)

2. FULL NAME Anice Stewart

(a) Residence, No. 4103 68 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 Fe

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Murry Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	1	23	

OCCUPATION

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) Tenn

FATHER

13. NAME Jesse Rogers

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

MOTHER

15. MAIDEN NAME Quinn

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

17. INFORMANT Murry Stewart
(ADDRESS) 4103 East 8th, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Oct 20/36

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn, ave.

20. FILED 10/19, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Oct 18, 1936

I last saw her alive on October 18, 1936 Death is said to have occurred on the date stated above, at 6 P m.

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

Agranulocytic Angina

Date of onset

Other contributory causes of importance:

Unknown

Name of operation Date of

What test confirmed diagnosis? Lab + Clin 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?

If so, specify

(Signed) Dr. Frank C. Day M. D.

(Address) 4316 E 9th St.

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.

I X7044

Day

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[illegible] + Knoxville