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.

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

Do not use this space.

JAN 17 1938

1. ~~PLACE~~ OF DEATH

County Jackson — Registration District No. 399 — File No. 44153

Township Kaw — Primary Registration District No. 1002 — Registered No. 5056

City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Walter Robinson Anthony

(a) Residence, No. 7313 Montgall St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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 Dorothy Anthony

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

7. AGE — YEARS: About 70 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. H. Garnsey
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) Swansea Mass.

FATHER

13. NAME Jonathan C. Anthony
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER

15. MAIDEN NAME Lydia Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT (ADDRESS) Mrs. Dorothy Anthony 7313 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Dec. 16, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED Dec 16, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Chronic, 19, to, 19

I last saw h..... alive on 150p, 19 Death is said to have occurred on the date stated above, at ..... m.

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

Chronic glomerulonephritis
Chronic hypertensive myocarditis
Arteriolarcephalomalacia —

Date of onset

Other contributory causes of importance: 131

Name of operation Date of

What test confirmed diagnosis? Autopsy 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? (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) , M. D.
(Address)