

JAN 17 1938

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

Do not use this space.

44443

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Vincents Hosp)

File No. _____
Registered No. 98
St. _____ Ward) _____

2. FULL NAME

Martha Joan Anderson

(a) Residence, No. 3425 Bellefontaine 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 <u>Fe</u>	4. COLOR OR RACE <u>Wk</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sept. 19-1927 Steelburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Steelburn</u>		
7. AGE YEARS <u>Steelburn</u>	MONTHS —	DAYS —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief</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) Sept. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to Sept. 19, 1937

I last saw her never alive, 19, Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:
(Breech extraction)
(Operative delivery)
(Stillborn)

Date of onset 9-19-37

Other contributory causes of importance:

Name of operation Breech extraction Date of 9-19-37
What test confirmed diagnosis? _____ 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) Lymon Richardson, M. D.
(Address) 906 Grand Ave.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Missouri</u>
	13. NAME <u>Carl A. Anderson Jr.</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Kansas</u>
	15. MAIDEN NAME <u>Mary Wakefield</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>See by</u>
	17. INFORMANT <u>Mr. Norman C. Wakefield</u> (ADDRESS) <u>3425 Bellefontaine</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Hill</u> DATE <u>Sept. 20, 1937</u>	
19. UNDERTAKER <u>Quinn & Tobin Co</u> (ADDRESS) <u>2000 Howard</u>	
20. FILED <u>Sept. 21, 1937</u> <u>M. M. Brown</u> Registrar.	

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X3314

