

REC'D APR 23 1939

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

9666

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 5616 Park Avenue St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 18 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 11312. PRINT FULL NAME Mrs. Mary Rebecca Andrix 536

(a) Residence, No. 5616 Park Avenue St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 George H. Andrix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
76 5 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 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) Indiana

13. NAME William Anderson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs. Enoch D. Hicks  
 (ADDRESS) 5616 Park Ave.

18. ~~BURIAL PLACE~~ FOR REMOVAL PLACE Quincy, Ill. DATE Mar. 13, 1938

19. FUNERAL DIRECTOR Freeman Mortuary & Chapel  
 (ADDRESS) Kansas City, Mo.

20. FILED Mar 13 1938 M. Brown  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Mar. 12, 1938

I last saw her alive on Mar 12, 1938. Death is said to have occurred on the date stated above, at 8 a.m.

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

Cerebral hemorrhage Date of onset 1-28-38

Other contributory causes of importance: X

Name of operation X Date of Y  
 What test confirmed diagnosis? clinical 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 X, 1938

Where did injury occur? X  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X  
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify

(Signed) Medical Examiner M. D.  
 (Address) 204 1/2 Broadway

