

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

REC'D JUL 12 1938

21127  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson  
(b) Township Blue  
(c) City Kansas City  
(e) Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds.

Registration District No. 399  
Primary Registration District No. 100

Registered No. 2577

(d) Street No. T. B. Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Estelle Swift Crockery

(a) Residence, No. 814 Linwood Blvd. 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 Indian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
30 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) White River S. D.

FATHER 13. NAME Illegitimate

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

MOTHER 15. MAIDEN NAME Cecelia Breathes Holy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. D.

17. INFORMANT Rosebud S. D. Agency  
(ADDRESS) Rosebud S. D.

18. BURIAL, CREMATION, OR REMOVAL Burial  
PLACE St. Marys Cemetery DATE 6/28/38

19. FUNERAL DIRECTOR W. F. Layberry  
(ADDRESS) 2315 Linwood Blvd. Kansas City, Mo.

20. FILED June 27 1938 M. M. Dineen  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/12/38 '38

22. I HEREBY CERTIFY That I attended deceased from March 19 1938 to June 12 1938

I last saw her alive on June 12 1938. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Pulmonary Tuberculosis Date of onset 1937  
Tuberculous meningitis ?  
Tuberculous enteritis ?  
Other contributory causes of importance: 34  
Syphilis ?

Name of operation Autopsy Date of last  
What test confirmed diagnosis? W. H. H. H. 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....., 19.....  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) W. F. Layberry  
(Address) 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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....  
Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**