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

Do not use this space. 1121

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. 1002 — Registered No. 295

City Kansas City (No. Tattershall Hotel St. 5 Ward)

2. FULL NAME Eleanor Hoover

(a) Residence. No. Tattershall Hotel St., 5 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3301 Broadway yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred W. Hoover

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	47	10	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Samuel McDaniel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Eleanor Jane Wood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Fred W. Hoover (Address) Tattershall Hall

15. FILED Jan 12 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1923, to Jan 10, 1928, that I last saw her alive on Jan 1, 1928, and that death occurred, on the date stated above, at 4:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

50 Toxemia due carcinomatosis

52E

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of breast

(duration) 5 yrs. mos. ds.

47

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not know

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2 yrs ago

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathological specimen

(Signed) Joseph L McDermott M.D

1/11, 1928 (Address) K 6 Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harrisonville Mo — DATE OF BURIAL 1-12 1928

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

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.

V 1122 [illegible] to [illegible]
V1.2 [illegible]

In 1 P.M.