WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

17131

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 100 — Registered No.
City Kansas City Mo (No. Research Hos St. Ward)

2. FULL NAME Nora States
(a) Residence. No. Harrisonville Mo 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: Female
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 Joseph States

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 - 1883

7. AGE: YEARS 45 — MONTHS 11 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

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) Mo

PARENTS
10. NAME OF FATHER J. R. Wagers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Ann Bentley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT Joe States
(Address) Westline Mo

15. FILED 5/11, 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1927, to May 11, 1928 that I last saw h. 8 ~~mo.~~ alive on May 11, 1928, and that death occurred, on the date stated above, at 9:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of cervix with metastases 4 1396 1336
46 (duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Bilateral hydronephrosis (& hydrouterin) (duration) yrs. 1 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Her residence
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Jas E Stevens, M. D
May 11, 1928 (Address) 1010 Rialto Bldg. Kansas City, 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: Westline Mo — DATE OF BURIAL: May 12 1928

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grandave

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L. Sissom

6/79