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.

20681

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 20681
Township Kaw — Primary Registration District No. ..... — Registered No. 2560
City Kansas City (No. 424 Houston St. Ward)

2. FULL NAME Mrs. Jessie Topping
(a) Residence. No. 424 Houston St., 5 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. P. Topping

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13, 1883

7. AGE: Years 44 — Months 5 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) England

PARENTS
10. NAME OF FATHER Geo. Wise
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Elizabeth Knowles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mr. H. P. Topping (Address) 424 Houston

15. FILED 6/12, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1926 to 6-10, 1928, that I last saw her alive on 6-10, 1928, and that death occurred, on the date stated above, at 12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma, both axillae, liver, Pleura, bi-lateral, 50
(duration) 5 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma rt. Breast
(duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 7-'26 & Jan. 25-1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) G. Hunt, M. D
6/12, 1928 (Address) K. C. 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: Cremation — DATE OF BURIAL: 6/12 1928

20. UNDERTAKER: S. W. Newcomer's Sons — ADDRESS: K. C. Mo

924 Rialto Bldg.
M.1652
1:30-on