

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Taw
City Kansas city

Registration District No. _____
Primary Registration District No. _____
(No. 2321 Jackson)

File No. 27407
Registered No. 2100
St. 2100 Ward _____

2. FULL NAME

Myra Jane Hathhorn

(a) Residence. No. 2321 Jackson St., 12 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

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

Jan - 25 - 1866

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>6</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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

10. NAME OF FATHER

Tom Sunday

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

Hathorn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT

(Address) Harley Hathorn
2321 Jackson

15.

FILED 8/20, 19 28 M.M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 17 1928

17. I HEREBY CERTIFY That I attended deceased from July 4, 1928, to Aug 17, 1928, that I last saw her alive on Aug 17, 1928, and that death occurred, on the date stated above, at 7:18 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma cervix
with metastatic involvement
14X
1.62 (duration) about 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senility
(duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Clayton B. Vincent M. D.

Aug 18, 1928 (Address) 24th & Jackson Ave.

*State the DISEASE CAUSING DEATH, or if 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

DATE OF BURIAL

Memorial park

Aug - 17th 28

20. UNDERTAKER

ADDRESS

Wynnewood Sons

R. C. 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.

MISSOURI STATE BOARD OF HEALTH

NE Cov 24th + Jack
Ben 4354

Residence 2405 Spruce

Ben 3107