

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

Do not use this space.

27485

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Precinct Registration District No. 100^{2d}
 City Kansas City (No. 1606 E 22nd St)
 2. FULL NAME Estella Glasper
 (a) Residence No. 1606 E 22nd St Ward 4
 (Usual place of abode)
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2-22-1892
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-1893
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 6 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (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) Mississippi
 10. NAME OF FATHER Ed Anderson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss
 12. MAIDEN NAME OF MOTHER Amanda Harris
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

14. INFORMANT Geo Glasper
 (Address) 1606 E 22nd St
 15. FILED 8/27 1928 M. M. Crowe
 Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/25 1928
 17. I HEREBY CERTIFY, That I attended deceased from April 1, 1927, to Aug 25, 1928
 that I last saw h. alive on Aug 24, 1928, and that death occurred, on the date stated above, at 1810 a m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cervical Carcinoma
4 1/2 (duration) yrs. 5 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Unknown
 (duration) yrs. mos. ds.
 18. WHERE WAS 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? Physical Exam
8-25 1928 (Signed) J W Booker, M. D.
 (Address) 2128 1/2 Ave pt
 *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 West Lawn DATE OF BURIAL 8-28 1928
 20. UNDERTAKER A B Moore ADDRESS 1820 E 18th

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.

in pocket



[Faint, illegible markings]