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

Do not use this space.

36976

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 4625
Township Raw — Primary Registration District No. — Registered No.
City Kansas City (No. 5932 Harrison St.) St. Ward)

2. FULL NAME Mrs. Claire J. Carnahan
(a) Residence. No. St., Ward. Randall Kans.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 5 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): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1, 1879

7. AGE: Years 49 — Months 1 — Days 17 — 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) Salina
(STATE OR COUNTRY) Kans.

PARENTS
10. NAME OF FATHER P. L. Renard
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Marie Minange
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) France

14. INFORMANT Peter Louis Renard Jr.
(Address) 5932 Harrison St.

15. FILED 11/18, 1928 M. M. Crouse Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to Nov. 18, 1928, that I last saw her alive on Nov. 18, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of breast
50
47
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Randall Kansas
DID AN OPERATION PRECEDE DEATH? yes, DATE OF about Jan 1-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) F. L. Dod, M. D
11/18, 1928 (Address) 4611 Troost.

*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: Concordia, Kans — DATE OF BURIAL: Nov. 18 1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 104 W. 42nd St.

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.

...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Dodd.
6115 Harrison
Tel. Hi. 3776.