

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

Do not use this space.

1446

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 309

Primary Registration District No. 1002

File No. 302

Registered No. 302

St. Mo. Ward 15

2. FULL NAME

(a) Residence. No. 6818 Paseo St., 15 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

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Wilson J. Durand

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

August 25 - 1872

7. AGE

YEARS 56

MONTHS 4

DAYS 8

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)

Green Bay

(STATE OR COUNTRY)

Wisconsin

10. NAME OF FATHER

Peter Freiwald

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Mary A. Holzschicht

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

PARENTS

14. INFORMANT

(Address)

Wilson J. Durand
6818 Paseo Kansas City Mo

15. FILED

FILED

1/4 - 29 M M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

January 3 1929

17.

I HEREBY CERTIFY That I attended deceased from Aug 1928, to January 2 1929 that I last saw him alive on Jan 2 1929, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of Breast (Right)
and Secondary General
5 P
53 E

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

Oedema from pressure
3 weeks

(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH. ☒

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) E. A. Graham, M. D.

1/4, 1929 (Address) 4414 Front Ave

*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

DATE OF BURIAL

Forest Hill Cemetery

1-7 1929

20. UNDERTAKER

ADDRESS

John J. Sheehan

K-6-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.

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

48
10
9

235

2

10

10

Dr Leo A. Cavanaugh
4414 Frost Ave
Westport 0678