

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.

1724

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 310Township Kansas CityPrimary Registration District No. 002Registered No. 310City Kansas City(No. Research Hospital)St. K.C.K.

Ward

## 2. FULL NAME

(a) Residence. No. 2838 Parkwood

(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 OF RACE

White

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

Married

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

H. Russell McCune

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

July 12, 1853

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7569

## 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)

Cannonsburg Penn

## 10. NAME OF FATHER

John Murray

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn

## 12. MAIDEN NAME OF MOTHER

Ellen Lane

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

## 14. INFORMANT

(Address)

Leta Frank 2838 Parkwood

## 15. FILED

1-22-29M. M. Crowe

REGISTRAR

3

## MEDICAL CERTIFICATE OF DEATH

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

Jan 21, 1929

## 17.

I HEREBY CERTIFY, That I attended deceased from

Oct 201928

to

Jan 211929that I last saw him alive on Jan 21, 1929, and that death occurred, on the date stated above, at 455 p.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Recurrent carcinoma of the breast9 months (duration) yrs. mos. ds.

## CONTRIBUTORY (SECONDARY)

4/5 (duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 1 - 1928WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

clinical & microscopic

(Signed)

W. F. Oberholser

M. D.

1/22, 1929 (Address) 323 Maple St.

\*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

Highland Park1-23-29

## 20. UNDERTAKER

## ADDRESS

Gibson & SonK.C.K.

