

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

Do not use this space.

27719

5418

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. Evangelical hospital)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary O Fritchie

(a) Residence No. 214 N Wheeling St. 10 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 <b>F</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Harnest Fritchie</b>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>May 11 1884</b>				
7. AGE <b>45</b>	YEARS	MONTHS <b>2</b>	DAYS <b>27</b>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <b>Housewife</b> (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) <b>Mo.</b>				
<b>PARENTS</b>	10. NAME OF FATHER <b>Henry Kilburn</b>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <b>Ky.</b>			
	12. MAIDEN NAME OF MOTHER <b>Elizabeth Kilburn</b>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <b>Mo.</b>			
14. INFORMANT <b>Harnest Fritchie</b> (Address) <b>214 N Wheeling</b>				
15. FILED <u>8/9 29</u> <b>M. M. Crowe</b> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug. 8 1929**

17. I HEREBY CERTIFY, That I attended deceased from April 10 1929, to Aug 8 1929 that I last saw her alive on Aug 8 1929, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**5313**  
**Carcinoma of Bladder**  
**Metastasis**  
(duration) 20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

18. WHERE WAS DISEASE CONTRACTED  
**421**  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Aug 5, 29**  
WAS THERE AN AUTOPSY? **No.**  
WHAT TEST CONFIRMED DIAGNOSIS? **Carcinoma found in bladder**  
(Signed) **Julius F. Fischer** M. D.  
**Aug 9 1929** (Address) **337 W. 11th St. Bldg**

\*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 <b>Loredo Mo.</b>	DATE OF BURIAL <b>8 11 19 29</b>
20. UNDERTAKER <b>C.H. Blackman</b>	ADDRESS <b>KC City, Mo</b>

**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.

235  
1  
2  
1

W. J. Field  
1898