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

Do not use this space.

37455

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4925

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1026 Bennington St. Ward)

2. FULL NAME Lela Vance Yeager

(a) Residence. No. 713 Fremont 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 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	wh	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	59	1	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) Mo.

PARENTS

10. NAME OF FATHER Dr. A. P. Vance

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. R. D. Smith Jr. (Address) 1026 Bennington

15. FILED 11/30, 1929 M. M. Crowe ass't REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/12, 1929, to 11/27, 1929, that I last saw her alive on 11/27, 1929, and that death occurred, on the date stated above, at 11:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 Cancer of Uterus & Cancer

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF May - 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Typing

(Signed) A. B. Mickey, M. D.

11/29, 1929 (Address) 920 Newton 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
Calvary	Dec 2 1929

20. UNDERTAKER	ADDRESS
S. W. Newcomer's Sons	K.C. 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.

[illegible]
Ben 2-5-72
noon