

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

Do not use this space.

8848

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 1803)

Registration District No. 399
Primary Registration District No. 1-0

File No. _____
Registered No. 1226
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1803 Merriington 12 Ward.

(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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 1 5

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) Missouri

10. NAME OF FATHER John Cary

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

12. MAIDEN NAME OF MOTHER Ellen Ank

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

14. INFORMANT (Address) Joseph A. Dorizzi
11803 Merriington

15. FILED 3/20, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1930

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1929, to March 19, 1930 that I last saw alive on March 19, 1930, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma, Breast with metastasis to spine, lungs + brain (duration) several months ds.
CONTRIBUTORY metastasis to spine, lungs + brain (duration) 50 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 47
IF NOT AT PLACE OF DEATH 53C
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 17-1929

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Operation - Gray - physical exam Paul J. Hunt M. D.
(Signed) 3-19, 1930 (Address) 924 Rialto Bldg. K.C. Mo.

*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 Calvary DATE OF BURIAL Mar 21 1930

20. UNDERTAKER St. Newcome's Sons K.C. Mo. ADDRESS

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.

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974⁰ Realty Bldg.
on 1652