

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

Do not use this space.

12561

**1. PLACE OF DEATH**

County Jackson Registration District No. 000  
 Township Law Primary Registration District No. 111  
 City Kansas City (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 11111

**2. FULL NAME**

Mary A. Lee  
 (a) Residence. No. 2816 Madison St., 3 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James O. Lee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1st, 1873

| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|-----|----------------------------------|
|        | 56    | 10     | 2   |                                  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home.  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centerville,  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Timothy Brosnahan,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Reedy,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baltimore,  
 (STATE OR COUNTRY)  Md.

14. INFORMANT Lorraine Poell,  
 (Address) 658 Quindaro Blvd., K.S.K.

15. FILED 4/4 30 M.M. Brown  
 REGISTRAR Ans

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1929, to Apr 3, 1930, that I last saw him alive on March 10, 1930, and that death occurred, on the date stated above, at 4:40 P.M.

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

Carcinoma of Lung  
50  
49.8  
 (duration) \_\_\_\_\_ yrs. 6 mos. ds.

CONTRIBUTORY Carcinoma of Breast  
 (SECONDARY) (duration) 4 yrs. \_\_\_\_\_ mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 4

18. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF 1926 4/10  
 WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Transplanted  
 (Signed) A. J. Welch M. D.

4/4 30 (Address) 350 Reels

\*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  
Lt. St. Marys Cemetery 4/5th 1930

20. UNDERTAKER Juirk & Tooin ADDRESS Ke Mo  
20 . Linwood

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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