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.

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

Do not use this space.

22978

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 22978
Township Kans — Primary Registration District No. ..... — Registered No. .....
City Kansas City Mo (No. Research Hos St. ..... Ward)

2. FULL NAME Bessie Hafner
(a) Residence. No. Winona Mo St., ..... 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. 5 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 L C Hafner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20 - 1841

7. AGE: 88 YEARS — MONTHS: 9 — DAYS: 28 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hume
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Maxwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Rebecca Basley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT L. C. Hafner
(Address) Winona Mo

15. FILED 7-19, 1930 M M Crowe
REGISTRAR

3

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14th, 1930, to July 18th, 1930 that I last saw her alive on July 18th, 1930, and that death occurred, on the date stated above, at 9.35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinomatic
50 Cancer of right breast
53E
111B
(duration) 3 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Fort Scott Kans
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Microscopical
(Signed) Ernest Quast, M. D.
7/19, 1930 (Address) 2544 Olive Str

*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: Fort Scott Kans — DATE OF BURIAL: July 19 1930

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave