

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

Do not use this space.

26927

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Geo. H. Nettleton Home St. _____ Ward)

File No. _____
 Registered No. 3540

2. FULL NAME

Nettie S. Wharton

(a) Residence No. Geo. H. Nettleton Home 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Newton Wharton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 1 23

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) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. H. Stephens

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

12. MAIDEN NAME OF MOTHER Dorothy Searcy

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

14. INFORMANT Mrs. Harry M. Stephens
 (Address) 5832 Tracy, Kansas City, Mo.

15. FILED 8/27, 30 Mo. M. Crowley REGISTRAR
East

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to Aug 27, 1930, that I last saw her alive on Aug 26, 1930, and that death occurred, on the date stated above, at 8:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Brain
49 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Cancer Breast & Cancer Lower Extremity
 (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 1, 1930
Breast removed 3 yrs ago
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John H. Lapp, M. D.
8/27, 1930 (Address) 1314 Professional 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 Woodlawn Cem. Independence DATE OF BURIAL 8-28-30

20. UNDERTAKER Stine & McClure ADDRESS 3238 Gillham Plaza

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.

