

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

Do not use this space.

3299828

File No. 4528
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 390
Township Kaw Primary Registration District No. 2002
City Kansas City (No. Research Hospital)

2. FULL NAME Nettie List
(a) Residence No. 2216 Charlotte St. 3 Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Charles List

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 1, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 0 17

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) New York State
(STATE OR COUNTRY)

10. NAME OF FATHER Charles List

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York State
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eldwithe La Due

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

14. INFORMANT Charles List
(Address) 2216 Charlotte St

15. FILED 10/18, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 1930 to Oct 18 1930 that I last saw her alive on Oct 18 1930 and that death occurred, on the date stated above, at 12 Noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver
46E (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) 44B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-16-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operatory incision
(Signed) Paul V. Wooley M. D.

10-18, 1930 (Address) 304 Argyle 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 DATE OF BURIAL

Forest Hill Cemetery 10-20 1930

20. UNDERTAKER ADDRESS 3285

Stine & McPherson Gilcham Place

THIS IS A PERMANENT RECORD

N. B.—Every statement supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH. It may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Woolley
Argue Bldg.