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

Do not use this space.

File No. 32999 4229

Registered No.

1. PLACE OF DEATH
County Jackson
Township Saw
City Kansas City (No. 4017 Bell St. Ward)

Registration District No. 399
Primary Registration District No. 002

2. FULL NAME Hannah M. Mabry
(a) Residence. No. 4017 Bell St., 7 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21-1885

7. AGE YEARS 45 MONTHS 8 DAYS 25 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) (STATE OR COUNTRY) Neosho Mo

10. NAME OF FATHER Thomas Hainsworth

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

12. MAIDEN NAME OF MOTHER Nancy Ellen White

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

14. INFORMANT Dr S A Mabry
(Address) 4017 Bell

15. FILED 10-18 1930 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from February 26, 1925, to October 16, 1930 that I last saw h. ... alive on October 16, 1930 and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Carcinomatosis
HTC
LSE
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Left Broad Ligament Tumor (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/12-1925
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Laboratory
(Signed) Samuel Voegelin, M.D.
10/18, 1930 (Address) 604 Commerce 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 Cole Camp Mo
DATE OF BURIAL 10/19 1930

20. UNDERTAKER J F O'Donnell Co
ADDRESS 3256 Bdwy

...THIS IS A PERMANENT RECORD
...supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...may be properly classified. Exact statement of OCCUPATION is very important.