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

Do not use this space.

39343

File No. 4908

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 1710 East 39th St. Ward)

2. FULL NAME Mrs Ollie May Warnock

(a) Residence. No. 1710 East 39th St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fe.	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF H. F. Warnock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	2	26	

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) Pittsburg
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER John H. Russing

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

12. MAIDEN NAME OF MOTHER Martha Young

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

14. INFORMANT Harry F. Warnock
(Address) 1710 East 39th St.

15. FILED 12/5, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr, 1930, to Dec - 4, 1930, that I last saw her alive on Dec 3, 1930, and that death occurred, on the date stated above, at 2:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Carcinoma of ovary + cervix - metastasis to intestines lungs. Hydronephroma Hypostatic pneumonia (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1927
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature] M. D.
Dec 5, 1930 (Address) 311 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
Mt. Washington	Dec. 6 1930
20. UNDERTAKER	ADDRESS
D. W. Newcomer's Sons	2111 E. 9th St.

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.