

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

Do not use this space.

39618

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City, Mo. (No. 3435)

Registration District No. 399
 Primary Registration District No. 100

File No. _____
 Registered No. 5100
 St. _____ Ward _____

2. FULL NAME

Adalina P. Noonan
 (a) Residence. No. 3435 St. 14 Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. 9 mos. 22 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 William J. Noonan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3 - 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>40</u>	<u>9</u>	<u>9</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER James Allen

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

12. MAIDEN NAME OF MOTHER Agnes M. Henderson

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

14. INFORMANT William J. Noonan
 (Address) 3435

15. FILED 12/26/30 M. M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1930, to Dec 23, 1930, that I last saw her alive on Dec 24, 1930, and that death occurred, on the date stated above, at 8:15 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cancer of right breast
bladder & pelvic region
50
53 B (duration) 2 yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) enlargement of spinal pleurae (duration) 4 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 1930
 WAS THERE AN AUTOPSY? no at Detroit, Mich. Hospital
 WHAT TEST CONFIRMED DIAGNOSIS microscopical & x-rays
 (Signed) E. H. Feilinger M. D.
26 1930 (Address) K. C. Mo.

*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 Forest Hill cemetery DATE OF BURIAL Dec 29 1930

20. UNDERTAKER John W. Wagner ADDRESS Linwood - Kansas City

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.

21st July 1893

To 0793