

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

Do not use this space.

25161

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

399  
100

Registration District No. ....  
Primary Registration District No. ....  
(No. 3801 East 25th

File No. ....  
Registered No. 3101  
St. .... Ward)

**2. FULL NAME** Mrs. Mary E. Weller

(a) Residence. No. 3801 East 25th St. 14 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Charles V. Weller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29 - 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	58	7	22	

**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) Illinois

10. NAME OF FATHER David E. Galloupe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER Catherine E. Pollard

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

14. INFORMANT Mr. Charles V. Weller  
(Address) 3801 East 25th St.

15. FILED 7/21 1931 M.M. Brown  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 - 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1930, to July 21 1931, that I last saw her alive on July 20, 1931, and that death occurred, on the date stated above, at 9:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of Uterus

48 (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A.P. Greenlee M.D.  
7/21 1931 (Address) 402 W. 17thman 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 Memorial Park - Mo. DATE OF BURIAL July 23, 31.

20. UNDERTAKER Gates Funeral Home ADDRESS K.C. Kans.

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.

