WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34573

1. PLACE OF DEATH

County Jackson — Registration District No. 3 5 8 — File No. 4202

Township Kaw — Primary Registration District No. 3 0 0 1 — Registered No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mrs. Mae Kennedy

(a) Residence, No. 2828 Prospect St., 11 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James A. Kennedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No Data

7. AGE: About 52 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill.

FATHER

13. NAME: Jno. Tatman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill.

MOTHER

15. MAIDEN NAME: Rose Newhouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Miss O'Harah 2940 Forest

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Highland Park Kansas City Kas DATE: 10/24/31, 19

19. UNDERTAKER (ADDRESS): W. F. Mayberry City

20. FILED: 10/23, 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to Oct. 22, 1931

I last saw her alive on Oct 22, 1931. Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri — Date of onset ?

General carcinomatosis 4° with involment of liver — Lungs — sigmoid & retro-peritoneal glands.

Other contributory causes of importance:

Peritonitis from carcinomatous perforation of Sigmoid.

Name of operation: none — Date of

What test confirmed diagnosis? Lab & Clin — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. Doran Fitzgerald, M. D.

(Address) St. Joseph Hospital