

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

Do not use this space.

4907

1. PLACE OF DEATH

County Jackson Registration District No. 386
 Township Rau Primary Registration District No. 7
 City Kansas City (No. 105 W. 61st Terr.) St. Mo. Ward

File No. 770

Registered No. _____

2. FULL NAME

Mrs. Minnie R. Topping
 (a) Residence, No. 105 W. 61st Terr. St. Mo. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. V. Topping

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Kansas

FATHER
 13. NAME Unknown Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

MOTHER
 15. MAIDEN NAME Eliza Donnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Miss Jewel Topping
105 W. 61st Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baldwin Park DATE February 25, 1932

19. UNDERTAKER (ADDRESS) H. W. Newcomer
211 E. 9th St.

20. FILED 2/24 1932 M. M. Gerome Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mo. 31 to Feb 32
 I last saw her alive on Feb 22, 1932 Death is said to have occurred on the date stated above, at 2:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of lung
470 126
127A
 Other contributory causes of importance:
Chronic emphysema
of Small Blood

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Y

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) Donald R. Black M. D.
 (Address) 924 Prof. Bldg.

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.

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