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.

16262

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kow — Primary Registration District No. 1002 — Registered No. 2055
City Kansas City (No. 2441, Quincy St. Ward)

2. FULL NAME Ida M Renick
(a) Residence, No. Grain Valley Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luther A. Renick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10-1863

7. AGE — YEARS 68 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 235
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) Jackson Co Mo

FATHER
13. NAME Elijah Prater
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Nancy Jane Argo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Ida M Thomson 2441 Quincy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookings DATE May 23 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn K.C. Mo

20. FILED May 22 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to May 21, 1932
I last saw her alive on May 20, 1932. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left breast with probable metastases	6 mos?
50	
50	

Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) D D Edmonds, M. D.
(Address) 4800 E 74th St.

Dr DD Edmonds

Mella

~~[illegible]~~

~~[illegible]~~

5949 [illegible]

48[illegible]

2-~~5~~