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.

JUN 22 1932

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

Do not use this space.

1. PLACE OF DEATH
48 County Jackson — Registration District No. 400 — File No. 16119
7 Township Prairie — Primary Registration District No. 4235 — Registered No. 876
6 City Lee's Summit (No. ..... St. ..... Ward)

2. FULL NAME Maria L. Oker

(a) Residence, No. Lee's Summit St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF John G. Oker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1855

7. AGE — YEARS 76 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper
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) Paduca, Ky

FATHER
13. NAME John L Ware
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Ky.

MOTHER
15. MAIDEN NAME Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.

17. INFORMANT Mrs. S. D. Keyes
(ADDRESS) Lee's Summit, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Lee's Summit DATE 5-5- 1932

19. UNDERTAKER Fields - James Co.
(ADDRESS) Lee's Summit, Mo.

20. FILED 5-5- 1932 William T. Fields
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932, to May 3, 1932
I last saw her alive on April 29, 1932. Death is said to have occurred on the date stated above, at 5 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
50	
54B 50	

Other contributory causes of importance: (1)

Fibroid tumor of uterus

Name of operation none Date of .....
What test confirmed diagnosis? Physical 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) A. G. Swaney, M. D.
(Address) Lee's Summit, Mo.

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