

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.

19682

1. PLACE OF DEATH

County Jackson
Township Stam
City Kansas City (No. 3217, Wabash)

Registration District No. 389
Primary Registration District No. 1007

File No. 2403
Registered No. 2403
St. 13 Ward

2. FULL NAME

(a) Residence, No. 3217 Wabash St., 13 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband living

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1889

7. AGE 42 YEARS MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

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

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 City, Mo.

13. NAME Charles Kahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duluth, Minn.

15. MAIDEN NAME Rice Lapan

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

17. INFORMANT (ADDRESS) Son

18. BURIAL, CREMATION, OR REMOVAL PLACE Dose Hill Cem. DATE June 24, 1932

19. UNDERTAKER (ADDRESS) Carroll Hurdston

20. FILED 6/23, 1932 M. M. Cronin Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

I HEREBY CERTIFY, that I attended deceased from June 22, 1932, to date, 1932.

I last saw her alive on June 22, 1932. Death is said to have occurred on the date stated above, at 6 P.M.

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

Generalized
53 E Carcinoma, with
Primary Breast
Bone metastasis
Sternal effusion result
of Pulmonary metastasis

Other contributory causes of importance:

Sternal effusion result
of Pulmonary metastasis

Name of operation none Date of —

What test confirmed diagnosis? used Was there an autopsy? W.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? W. Date of injury —, 19—

Where did injury occur? W. (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 ①

24. Was disease or injury in any way related to occupation of deceased? W.
If so, specify

(Signed) A.C. Egan, M. D.
(Address) 625 Dexter, Bldg

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

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