

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

Do not use this space.

26377

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Marys' Hospital) St. _____ Ward _____

File No. _____
 Registered No. 3285

2. FULL NAME

Mrs. Mary Cass

(a) Residence, No. 4110 Holly St. 7 Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 George Cass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1892

7. AGE YEARS 40 MONTHS 2 DAYS 20 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. 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) Missouri

MOTHER 13. NAME Patrick McNamara

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

15. MAIDEN NAME Nora Sullivan

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

17. INFORMANT George Cass (ADDRESS) 4110 Holly

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem DATE 8/30/32

19. UNDERTAKER Jurk & Tobin Co (ADDRESS) 20 W. Linwood

20. FILED 8/29 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1932, to 8-27, 1932.
 I last saw him alive on 8-27, 1932. Death is said to have occurred on the date stated above, at 1:40 P M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
HIB
HIB
 Other contributory causes of importance HIB
 Date of onset _____

Name of operation Gastro-enterostomy Date of 8-25-32
 What test confirmed diagnosis? Operation 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) Ellis Willhelmsen, M. D.
 (Address) 612 Prof Bldg

Ellis Willhelmsen

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.

