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.

29253

File No. 3426

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No.

Township KAW — Primary Registration District No.

City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME MRS. LILLIAN C. MANAHAN

(a) Residence, No. 4005 TROOST St., 6 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF DR. JAMES H. MANAHAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-25-1870

7. AGE: YEARS 61. MONTHS 10 DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. E. SEXTON 256

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME BALTIMORE T. COOPER

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

MOTHER

15. MAIDEN NAME CATHERINE GRENALDS

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

17. INFORMANT MR. ROBERT MANAHAN (ADDRESS) 7928 TROOST AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE SEPT-12 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED 9/10 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-9. 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~[illegible]~~ Aug 11, 1932 to Sept-9, 1932

I last saw her alive on Sept 9, 1932 Death is said to have occurred on the date stated above, at 4:50 P.m.

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

Carcinoma of Ascending Colon

Date of onset

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Other contributory causes of importance:

Hypertension

Myocarditis

Name of operation Colon mention Date of

What test confirmed diagnosis? Pressure [illegible] Was there an autopsy? Yes

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?

If so, specify no

(Signed) Walter S. Hook, M. D.

(Address) 510 Professional Bldg KC Mo

510 Professional Bldg.
1-4:30