

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

Do not use this space.

29432  
3606

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 4414 Troost)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Miss Nellie S. Dailey

(a) Residence, No. 4414 Troost St. 15 Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22nd. 1880</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>4</u>	DAYS <u>0</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegraph Operator</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Western Union Tel. Co</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Jno. J. Dailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Mary</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. George A. Graham</u> (ADDRESS) <u>4414 Troost</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cemetery</u> DATE <u>9/26/32</u> 19. _____		
19. UNDERTAKER <u>W. F. Mayberry</u> (ADDRESS) <u>City</u>		
20. FILED <u>9/24</u> 19 <u>32</u> <u>W. W. Proyer</u> Regist. Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23, 1932

22. HEREBY CERTIFY, That I attended deceased from Dec 28, 1931, to Sept 23, 1932  
I last saw her alive on Sept 23, 1932. Death is said to have occurred on the date stated above, at 12:40A.M.  
The principal cause of death and related causes of importance were as follows:  
General sarcomatosis with thrombosis Superior Vena Cava  
Date of onset 48

Other contributory causes of importance:  
Sarcoma uterus

Name of operation Hysterectomy Date of Dec 28  
What test confirmed diagnosis? Operation 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? No  
If so, specify \_\_\_\_\_  
(Signed) A. M. Fiegler, M. D.  
(Address) 818 Medical Arts Bldg.

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.

