

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

Do not use this space.

35821
4329

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 509 Brush Creek Boulevard St. _____ Ward)

2. FULL NAME Katharine Mercer Cronin

(a) Residence, No. 509 Brush Creek Blvd. St. 6 Ward. (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 Ernest H. Cronin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 49
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2387
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

13. NAME Joseph Wayne Mercer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt City Missouri

15. MAIDEN NAME Laura Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT (ADDRESS) E. H. Cronin 509 Brush Creek Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Washington DATE 11-19-32

19. UNDERTAKER (ADDRESS) Stueck & McClure 3235 Millmore Plaza

20. FILED 11/19 1932 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Nov 18, 1932.
I last saw h. a. alive on Nov 18, 19____. Death is said to have occurred on the date stated above, at A. m. 12:07.
The principal cause of death and related causes of importance were as follows:

<u>Carcinoma Papillary of</u>	Date of onset
<u>ovary</u>	<u>3 yrs</u>
<u>hypertension & hemiplegia R.</u>	<u>12 mos</u>
<u>metastases general</u>	<u>6 mos</u>
<u>ascites</u>	<u>3 mos</u>
<u>hyperkeratosis</u>	<u>10 yrs</u>

Other contributory causes of importance: 49

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
(Signed) Lindsay S. Dulne M. D.
(Address) 1132 W. Missouri Blvd

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.

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