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.

39847

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 4855

Township Kaw — Primary Registration District No. ..... — Registered No. 4855

City Kansas City (No. 5622, Bonita St. ..... Ward)

2. FULL NAME Mary Josephine Alexander

(a) Residence, No. 7100 East 16th St., ... 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: Fe

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 Earnest W. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1861

7. AGE: YEARS 71 — MONTHS 5 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Washington Court House Ohio 2

FATHER

13. NAME Josiah Dews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER

15. MAIDEN NAME Deborah Shinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

17. INFORMANT (ADDRESS) Mrs. Blanche Kelsey 5622 Bonita

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Washington DATE Dec. 21, 1932

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 2111 East 9th St.

20. FILED Dec. 20, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932, to Dec 19, 1932

I last saw her alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 8:00 P m.

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

Carcinoma breast c̄ metastases to liver + lungs

Cachexia

Date of onset

Other contributory causes of importance:

5D

49B

46E

50

1

Name of operation Removal of Breast Date of Nov. 1931

What test confirmed diagnosis? Ex-Tissue Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Dan Carlos Peete, M. D.

(Address) 333 Argyle Bldg

[illegible]

[illegible]

[illegible]

[illegible]30-6