

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

Do not use this space.

9469

File No. 1050
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township 70W Primary Registration District No. _____
City Kansas City (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Catherine Stockley Hassett

(a) Residence, No. 7535 McGee St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 Clarence W. Hassett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12th 1907

7. AGE YEARS 25 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Jas. J. Stockley

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

15. MAIDEN NAME Anna Swanson

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

17. INFORMANT C. W. Hassett (ADDRESS) 7535 McGee

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE 3/6/33, 1933

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 3-4-33 M. M. Crowe Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Mar 3, 1933
I last saw him alive on Mar 2, 1933. Death is said to have occurred on the date stated above, at 9-4 a.m.

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

Carcinoma of Rectum Date of onset
metastasis to liver.
460
Other contributory causes of importance: 460

Name of operation Biopsy only Date of _____
What test confirmed diagnosis? Microscopy 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) Frederich Blaupfelf, M. D.
(Address) Prof. Blaupfelf, Kansas City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. Reason for death should be stated.

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Dr F B Goodland
Professional Realty
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