

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

Do not use this space.

19907

File No. 2623
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jayson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City (No. K.C. General Hosp)

2. FULL NAME

(a) Residence, No. 3883 E 60th Street Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Ind.

13. NAME Wm O'Brien

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

15. MAIDEN NAME Nancy Woodin

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

17. INFORMANT (ADDRESS) Reyna Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 6/26 35

19. UNDERTAKER (ADDRESS) Newcomer's Sons

20. FILED 6-23 1933 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-19 23 to 6-22 33

I last saw her alive on 6-22 1933 Death is said to have occurred on the date stated above, at 4:55 P.M.

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

Carcinoma of Breast with metastases white and retroperitoneal lymphatic nodes

Other contributory causes of importance: 50

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) J. H. Bennett M. D.
(Address) 123 K.C. Gen. Hosp. Tec Mo

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.

