

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

Do not use this space.

29707

1. PLACE OF DEATH

County JACKSON Registration District No. 388 File No. _____
 Township KAW Primary Registration District No. 100 Registered No. 3631
 City KANSAS CITY (No. LAKE SIDE HOSPITAL) St. _____ Ward _____

2. FULL NAME

MRS ~~GRABE~~ SABRA A McCREARY

(a) Residence, No. 3335 COLLEGE St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 BYRAM L McCREARY

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 10 3

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) MEADVILLE MISSOURI

13. NAME W. A. WOODS

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

15. MAIDEN NAME LILLIAN E KELLOG

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT (ADDRESS) MR. BYRAM L McCREARY 3335 COLLEGE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE SEPT-15-1933

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 9-13-33 m. m. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1933, to 9-12, 1933
 I last saw her alive on 9-12-33, 1933 Death is said to have occurred on the date stated above, at 5:00 p. m.

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

Splenic Anemia
(Banti's Disease)
139A
548
139C
13
 Date of onset 6 years

Other contributory causes of importance:
General debility, Multiple
uterine myofibroma, large
ovarian cyst (left side)
Opn. malignancy of breast
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Radiation 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) Alfred E. Linnville, M. D.
 (Address) 612 Chambers Bldg.

H. C. 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.

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1-2-33

612 Chambers Bldg.

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