

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

Do not use this space.

29917

File No. 3843  
Registered No. 3843  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County JACKSON Registration District No. 309  
Township KAW Primary Registration District No. 1003  
City KANSAS CITY (No. 3309; MERSINGTON)

**2. FULL NAME** MISS JENNIE LOVE SHIPLEY

(a) Residence, No. 3309 MERSINGTON St. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 24 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 (writes the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-12-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 9 17

OCCUPATION 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) ILLINOIS

FATHER 13. NAME JAMES SHIPLEY

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

MOTHER 15. MAIDEN NAME ABIGAIL HALL

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

17. INFORMANT MR JAMES SHIPLEY  
(ADDRESS) 3309 MERSINGTON AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CHICAGO, ILLINOIS DATE OCTOBER-1 1933

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

20. FILED 9/29 1933 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 29 1933

22. I HEREBY CERTIFY, that I attended deceased from out, 1932, to Sept 29, 1933  
I last saw him alive on Sept 29, 1933 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Carcinoma of Cervix 1928  
4-8  
53E

Other contributory causes of importance: General Carcinomatosis

Name of operation Parturition - Abortion Date of Oct 1 1932  
What test confirmed diagnosis? Obvial 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) H. K. Anderson M. D.  
(Address) 1025 South Brady

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.

1025 Rialto Bldg

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