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.

AUG 21 1934

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

Do not use this space.

24707

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No.
Township [illegible] — Primary Registration District No. [illegible] — Registered No.
City Kansas City (No. 4707 East 59th St. Ward)

2. FULL NAME Mrs. Eva Dailey
(a) Residence, No. 4707 East 59th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry Dailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1890
7. AGE: YEARS 43 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY) Kincaid Kan.

FATHER
13. NAME Tire Childress
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Josephine Potter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich.

17. INFORMANT (ADDRESS) Mrs. Minnie Potter 3855 East 60th
18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE JULY 23 1934
19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 211 East 9th
20. FILED July 22, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 2018, 1934 to July 20, 1934
I last saw her alive on July 19, 1934 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of right chest, axilla & arm. 50 53E
Primary. Breast 60
Date of onset
Other contributory causes of importance:
Don't know
Operated at gen. hospital about 15 mo. ago.
Name of operation Amputation of breast Date of —
What test confirmed diagnosis? — 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. ~~Home~~
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. H. Butler, M. D.
(Address) 3700 Benton Blvd.