

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

JAN 28 1936

42849

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. ....

Township Kaw

Primary Registration District No. 1002

Registered No. 5209

City Kansas City (No. 3002 Olive Street)

St. .... Ward)

**2. FULL NAME**

Alice L. Holland

(a) Residence, No. 3002 Olive Street St. .... Ward. ....

(If nonresident, give city or town and State)

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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
79      6      20

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) N.H.

MOTHER FATHER 13. NAME Edward Cummings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.H.

15. MAIDEN NAME Martha Carey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.H.

17. INFORMANT (ADDRESS) Mo. Clarence Robinson  
K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa Kansas DATE 12/5/34

19. UNDERTAKER (ADDRESS) Stur & McChesney Co.  
K.C. Mo.

20. FILED Dec. 4 1934 m.m. Crowe  
Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3 19 34

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1934 to 12-3 1934

I last saw her alive on 9:30 P.M. 1934 Death is said to have occurred on the date stated above, at 12 P.M.

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

Carcinoma of Right Breast involving Left Breast  
Other contributory causes of importance:  
5'      5'

Name of operation ..... Date of .....  
What test confirmed diagnosis? Rx Ex 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 Carcinoma of Breast  
(Signed) G. Neuzelmann M.D.  
(Address) 313 E. 12th St. K.C. Mo.

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.

313 E. 12<sup>th</sup> St. N.E.