

FEB 19 1935

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

Do not use this space.

1312

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kawa

Primary Registration District No. 1002

City Kansas City

(No. 729 Troost Avenue)

File No. F 200

Registered No. 100

St.

Ward)

2. FULL NAME

Agnes McGlothlin

(a) Residence No. 729 Troost Avenue

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

51

11

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician

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)

Caldwell County Missouri

FATHER

13. NAME

Joel McGlothlin

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

Ray County Missouri

MOTHER

15. MAIDEN NAME

Roann Brown

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

Ray County Missouri

17. INFORMANT (ADDRESS)

Rosa M. Brown 729 Troost Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pala Mo. DATE Jan 14, 1935

19. UNDERTAKER (ADDRESS)

Storer McClure 3235 Williams Plaza

20. FILED

Jan 14, 1935 M. M. Grove Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from

about Dec 14, 1933, to a

I last saw him alive on November 12, 1934 Death is said

to have occurred on the date stated above, at 8 P. m.

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

Carcinoma of the right breast

Date of onset

Other contributory causes of importance:

Name of operation

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? no Date of injury no, 19

Where did injury occur? no (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) J. P. Kanatz, M. D.

(Address) 832 Rialto Bldg

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.

St. Louis, Mo.

VI-122