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.

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

Do not use this space.

FEB 19 1935

1601

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 457

City Kansas City, Mo. (No. 405 N. Oakley St. Ward)

2. FULL NAME Mrs. Agnes Oliver

(a) Residence, No. 405 N. Oakley 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 F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1874

7. AGE — YEARS 61 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Missouri

FATHER

13. NAME Edward Booker

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

MOTHER

15. MAIDEN NAME Mary Creswell

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

17. INFORMANT (ADDRESS) Chas. E. Oliver 405 N. Oakley, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MtMoriah Cem. DATE Jan. 30-35, 19

19. UNDERTAKER (ADDRESS) C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED 1-30-, 1935 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 1, 1935, to, 1935

I last saw her alive on 1-28, 1935. Death is said to have occurred on the date stated above, at 2:30 P.m.

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

Secondary Carcinoma of the lung and liver — Tumor primary in breast. — Date of onset

Other contributory causes of importance:

Bilateral Hydrothorax

Name of operation Breast amputation Date of 1933

What test confirmed diagnosis? — 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?

If so, specify

(Signed) Leon Rosenwald, M. D.

(Address) Argyle Bldg by [illegible]