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.

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

Do not use this space.

5465

1. PLACE OF DEATH MAR 20 1935

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 1500 East 45th St. St. Ward)

2. FULL NAME Mrs. Mary Teevan

(a) Residence, No. 1500 East 45th 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1891

7. AGE: YEARS 44 — MONTHS 9 — DAYS 11 — 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) Ireland

FATHER

13. NAME John Brady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Bridget Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Bernard Teevan 1500 East 45th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys' Cem DATE 2/19/35, 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 2/18, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-13-, 1935, to 2-17-, 1935

I last saw her alive on 2-17-, 1935. Death is said to have occurred on the date stated above, at 1:30 A M

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

pneumonia Labor L Lower 2/10/35

Date of onset

Other contributory causes of importance:

Carcinoma of liver - Metastatic following Bilateral Mastectomy for Carcinoma Primary Both Mammary Gland 1932

Name of operation See above Date of

What test confirmed diagnosis Clinical 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? No

If so, specify

(Signed) M J Owens, M. D.

(Address) 1034 Rialto Bldg K. C. Mo.

100M-11-24-33