

MAY 24 1935

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

Do not use this space.

12838

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kaw Primary Registration District No. 102
City Kansas City (No. 3908 Terrace) St. _____ Ward _____

2. FULL NAME Mrs. Nelle S. Cramer

(a) Residence, No. 3908 Terrace St. _____ Ward _____
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Warry H. Cramer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20, 1885</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>9</u>
		<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>
13. NAME <u>John A. Sutton</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stanford Canada</u>
15. MAIDEN NAME <u>Jennie Ford</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville Ohio</u>
17. INFORMANT (ADDRESS) <u>W. H. Cramer 3908 Terrace K. C. Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>Apr. 11 1935</u>
19. UNDERTAKER (ADDRESS) <u>R. V. Lindsey & Sons 3811 Broadway K. C. Mo.</u>
20. FILED <u>4-10 1935</u> <u>M. M. Crowe</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9 193522. I HEREBY CERTIFY, That I attended deceased from Nov. 11 to Apr. 9 1935I last saw her alive on Apr 9 1935 Death is said to have occurred on the date stated above, at 10:35 p.m.

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

Recurrent Carcinoma of Right breast - metastasized to lungs. Date of onset 1926

Other contributory causes of importance: 50Name of operation Post-mortem Date of 11/17/34What test confirmed diagnosis: Autopsy 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) William M. Koster, M. D.(Address) 925 Argyle Bldg.

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.

