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.

MAY 24 1935

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

Do not use this space.

13118

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 5704; WOODLAND St. ..... Ward)

File No. .....
Registered No. 1920

2. FULL NAME MRS. LAURA E TATLOCK
(a) Residence, No. 5704 WOODLAND St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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 F. C. TATLOCK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-18-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	11	10	

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) SUMMERSET (STATE OR COUNTRY) OHIO

FATHER
13. NAME B. F. HUMBERGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME ELLA KARR
16. BIRTHPLACE (CITY OR TOWN) PERRY COUNTY (STATE OR COUNTRY) OHIO

17. INFORMANT MR F C TATLOCK (ADDRESS) 5704 WOODLAND

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE APRIL 30 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST

20. FILED 4-29 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to 4/27, 1935
I last saw her alive on 4/27, 1935 Death is said to have occurred on the date stated above, at 12:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Other contributory causes of importance:	
Carcinomatosis of Rt Breast	1929

Name of operation Rt Mamectomy Date of 1929
What test confirmed diagnosis? Xray Was there an autopsy? no

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) Robert C McClanahan M. D.
(Address) 1024 Professional Bldg

1025 Professional Bldg.
11:30 - 4