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

JUL 1 1 1935

Do not use this space.

19746

1. PLACE OF DEATH

County Jackson — Registration District No. 395 — File No. 19746

Township Kaw — Primary Registration District No. 1062 — Registered No. 2336

City Kansas City (No. 3306 East 24th St Terr St. ..... Ward)

2. FULL NAME Mrs. Ada V Nicholson

(a) Residence, No. 3306 East 24th St Terr 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1870

7. AGE: YEARS 65 — MONTHS 3 — 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. At home
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) St. Louis Mo

FATHER
13. NAME Robert McKenna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Ann Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mr Nicholson 3306 E 24th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 6/11/35 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin

20. FILED 6/10 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1935 19

22. I HEREBY CERTIFY, That I attended deceased from May 17th 1935, to June 10th 1935
I last saw her alive on June 9th 1935. Death is said to have occurred on the date stated above, at 4:30 A M
The principal cause of death and related causes of importance were as follows:

General Carcinomatosis secondary to Carcinoma Breast left

Date of onset

Other contributory causes of importance: 50

Name of operation none Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Terry Lilly M. D.
(Address) 1022 Argyle Bldg. K.C. Mo.

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1008-11-24-33