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.

JUL 2 2 1935

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

Sept 1932 St. Joe Hosp.

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 19910

Township Kaw — Primary Registration District No. 1609 — Registered No.

City Kansas City (No. 3809 Campbell St. [illegible] Ward)

2. FULL NAME Katherine Drees Hegner

(a) Residence, No. 3809 Campbell St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Hegner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	55	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millinery

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 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

FATHER

13. NAME Ferdinand Drees

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

MOTHER

15. MAIDEN NAME Mary Ann Jakobe

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

17. INFORMANT (ADDRESS) Miss Mary Hegner, (daughter) 3809 Campbell, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal St. Marys, Kansas DATE 6/24/35

19. UNDERTAKER (ADDRESS) Mellody-McGilley K.C.Mo.

20. FILED 6/23 1935 M M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to June 21, 1935

I last saw her alive on June 20, 1935. Death is said to have occurred on the date stated above, at 330 a.m.

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

	Date of onset
Carcinoma of the breast, left.	Sept 1932

10

Other contributory causes of importance: Metastatic carcinomatosis

Name of operation Radical Breast Amputation by Dr. Jabez N. Jackson Date of Sept. 1932

What test confirmed diagnosis? Operation 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) Frank R. Leachman, M. D.

(Address) 1002 Argyle Bldg

Dr. Teachnor
St.Joseph Hospital