AUG 20 1935

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

Do not use this space.

23164

2906

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kan — Primary Registration District No. ..... — Registered No. .....
City Kansas city (No. K.C. General Hosp St. ..... Ward)

2. FULL NAME Mary Drew
(a) Residence, No. 3118 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 6 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1877

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, ~~1861~~

7. AGE: YEARS 58 — MONTHS 5 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered Nurse
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) Illinois

FATHER
13. NAME Francis Drew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Sophia Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vt.

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen Hosp KCMo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 7-20 1935

19. UNDERTAKER (ADDRESS) Luddock - Buchanan 6900 Troost Ave

20. FILED 7-20 1935 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1935 to 7-18, 1935
I last saw her alive on 7-18, 1935 Death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon with metastases to liver; Chronic nephritis	
46	

Other contributory causes of importance:
Cellulitis of anterior abdominal wall

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) J H Jennett, M. D.
(Address) K.C. Gen Hosp KCMo

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.