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.

SEP 2 5 1935

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

Do not use this space.
26361
3100

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5817 Park Avenue St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Helen Frances Morris
(a) Residence, No. 5817 Park Avenue 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William S. Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1868
7. AGE YEARS 67 MONTHS 2 DAYS 28 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) Missouri

FATHER
13. NAME Thaddeus S. Doyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Elizabeth Bryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Mark C Magers 5817 Park Avenue
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Washington Cemetery DATE 8/2 1935
19. UNDERTAKER (ADDRESS) Steve & McClure 3235 Gillham Plaza
20. FILED 8-3 1935 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1935, to Aug 2, 1935
I last saw her alive on July 27, 1935. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast — Date of onset: not known

50

Other contributory causes of importance:
Toxaemia and malnutrition, due to breast carcinoma

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 —, 16
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) [signature], M. D.
(Address) 1232 Prof Bldg.

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