SEP 2 5 1935

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

Do not use this space.

26426

File No. 3173

Registered No.

1. PLACE OF DEATH SEP 2 7 1935

County Jackson — Registration District No. 3

Township ~~Kaw~~ — Primary Registration District No.

City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Miss Cora M. Luce

(a) Residence, No. 3512 Highland 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1875

7. AGE: YEARS 60 — MONTHS 6 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) Centropolis Kansas

FATHER

13. NAME J. M. Luce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mr. Robert W. Luce Buckeye, Arizona

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ottawa, Kan. DATE 8/ /35 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons Kansas City, Mo.

20. FILED 8-10 1935 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/35 19

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1935, to Aug 9, 1935

I last saw her alive on Aug 9, 1935. Death is said to have occurred on the date stated above, at 10:00 P.m.

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

Oedema of Lungs - caused by General Carcinomatosis

Date of onset

Other contributory causes of importance: Carcinoma - Right Breast (primary lesion) Pathologic fracture left femur 3 weeks ago

Name of operation 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? no

If so, specify

(Signed) Clyde O. Donaldson M. D.

(Address) 700 Prof. Bldg K.C. Mo

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.

Dr. Clyde Donaldson
10 ∇ 10:30
Professional Bldg