

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

Do not use this space.

SEP 25 1935

26608

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Frank Primary Registration District No. 1002
City Kansas City (No. 4607 Olive) St. Ward

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Gertrude Mary Hooper
(a) Residence, No. 4607 Olive St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank S. Hooper

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1935, to 8-26, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1867

I last saw her alive on 8-23, 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 3 22

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

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

Carcinoma of Breast with metastases
Date of onset 5-12-35

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

13. NAME Harrison Rippetts

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank S. Hooper
4607 Olive

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. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Open lawn DATE 8-27 1935

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) Elyse Funeral Home
221 N. 1st

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED Aug 26 1935 M. M. Crook Registrar.

(Signed) J. J. [Signature], M. D.
(Address) S. J. [Signature] 221 N. 1st

