

NOV 21 1935

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

Do not use this space.

32800

3979

1. PLACE OF DEATH

County Jackson Registration District No. 3
Township Law Primary Registration District No. 1
City Kansas City (No. 4) General Hospital (Ward)

2. FULL NAME

Alice Bernitz
(a) Residence, No. 4812 McGehee St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Ireland

13. NAME John Cunneley

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Rena Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 10-27, 1935

19. UNDERTAKER (ADDRESS) Simmons Plan

20. FILED 10-19, 1935 M. M. Cron, Dist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1935, to 10-17, 1935

I last saw him alive on 10-17, 1935 Death is said

to have occurred on the date stated above, at 8:05 a.m.

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

Carcinoma of left Breast with general-ized metastases

Other contributory causes of importance:
massive hydropneumothorax; atelectasis of left lung

Name of operation 50 Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (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 J. H. Bennett M.D.

(Signed) J. H. Bennett M.D. M. D.
(Address) 4812 McGehee St. Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

