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.

APR 23 1936

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

Do not use this space.

10884

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1662 — Registered No.

City Kansas City (No. 4821 East 24th St. Ward) 1559

2. FULL NAME Mary Jane Waack

(a) Residence, No. 4821 East 24th 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 14, 1878

7. AGE: YEARS 57 — MONTHS 6 — DAYS 7 — 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): Illinois

FATHER

13. NAME: Joseph Glas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Anna Barrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Louis Wack, 4821 East 24th St., Kansas Cy, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cem.

PLACE Kansas City, Mo. DATE March 23, 1936

19. UNDERTAKER (ADDRESS): Stine & McClure U, 3235 Gillham Plaza

20. FILED Mch 22, 19 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to March 21, 1936

I last saw her alive on March 18, 1936. Death is said to have occurred on the date stated above, at 2 A. m.

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

	Date of onset
Generalized Carcinomatosis (Primary Vulva)	

Other contributory causes of importance: 49

Name of operation — Date of

What test confirmed diagnosis? Biopsy — Was there an autopsy?

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) [signature], M. D.

(Address) 910 Argyle Bldg.

Vi 8665
1- to 4:30