

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.

JUN 17 1936

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

Do not use this space.

13559

## 1. PLACE OF DEATH

County Jackson Registration District No. 299  
Township Kaw. Primary Registration District No. 1002  
City Kansas City, Mo. (No. 105 E., 40<sup>th</sup> St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2519  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Ellen Entrekin  
(a) Residence, No. 105 E. 40<sup>th</sup> St. Apt 311 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George L. Entrekin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 4 - 1865</u>				
7. AGE YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>				
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) <u>Georgetown, Ky.</u>				

FATHER	13. NAME <u>Robert L. Moore</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgetown, Ky.</u>
MOTHER	15. MAIDEN NAME <u>Mary Elizabeth Case</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carlyle, Ill.</u>
17. INFORMANT (ADDRESS) <u>Lewis C. Entrekin</u>	
18. BURIAL, CREMATION, OR REMOVAL. PLACE <u>Forest Hill</u> DATE <u>May 21, 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Guardian Funeral Home</u> <u>5811 Trassat Ave. South</u>	
20. FILED <u>May 20, 1936</u> M. M. <u>Corwin</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 18 May, 1936  
22. HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to May 18, 1936  
I last saw her alive on May 18, 1936. Death is said to have occurred on the date stated above, at 4:26 p. m.

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

Carcinoma uteri

Other contributory causes of importance:

Name of operation (X ray) \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clin 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) George H. Hmi, M. D.  
(Address) 2211 36<sup>th</sup> Grand

