

JAN 19 1936

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

Do not use this space.

44799

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. 1615 E 31st)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME Mary Louisa Stumpf

(a) Residence, No. 1615 E 31st 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65

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

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) Mo

13. NAME Wm. Ryan

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

15. MAIDEN NAME Wm. Maloney

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

17. INFORMANT (ADDRESS) Wm Stumpf
1615 E 31st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Open Lawn DATE 12-17 1936

19. UNDERTAKER (ADDRESS) Mr. C. S. Foster
919 Broadway

20. FILED Dec 13 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1936

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1936 to 12-12 1936

I last saw him alive on 12-7 1936. Death is said to have occurred on the date stated above, at 12:50 P.M.

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

Inoperable Carcinoma of Breast Date of onset _____

Other contributory causes of importance _____

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 _____, 1936

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 or profession? _____

If so, specify P. F. De Maria M.D.

(Signed) _____ M. D.

(Address) St. Luke Hospital

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.

