Dr J J Wolf JAN 19 1937

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

Do not use this space.

44977

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5550

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Menorrah St. Ward)

2. FULL NAME Mary Loeffler

(a) Residence, No. 4005 South Benton 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 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 Frank Loeffler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16-1866

7. AGE 70 YEARS — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Austria

FATHER

13. NAME Wolfgang Wedeles

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosehill DATE 12-27 1936

19. UNDERTAKER (ADDRESS) Carroll Davidson

20. FILED 12-26 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26. 1936

22. I HEREBY CERTIFY, That I attended deceased from October 13. 1936 to Dec. 25. 1936

I last saw her alive on Dec. 25. 1936. Death is said to have occurred on the date stated above, at 9 a. m.

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

	Date of onset
carcinoma of breast	

Other contributory causes of importance:

metastatic cancers in brain and other parts of body

Name of operation removal of breast Date of March 1936

What test confirmed diagnosis? clinical and pathology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) J. Wolf, M. D.

(Address) 620 Argyle Bldg.

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.