

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

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City, Mo. (No. 3826)

Registration District No. 399
Primary Registration District No. Mc Lee St

File No. 40101
Registered No. 40101
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3826 Mc Lee, K. Mo. St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 25 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 Wallace Hanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1897

7. AGE YEARS 40 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) November 1, 1935 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Missouri (STATE OR COUNTRY)

13. NAME William Dawson Hillyer

14. BIRTHPLACE (CITY OR TOWN) Lumberton, Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Maggie Buford Hillyer

16. BIRTHPLACE (CITY OR TOWN) Crab Orchard, Kentucky (STATE OR COUNTRY)

17. INFORMANT 6721 Paged (ADDRESS) Mr. Lee Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Nov. 23, 1937

19. UNDERTAKER D. S. Newcomer, S. and (ADDRESS) 309 Paged

20. FILED Nov. 3, 1937 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1937

22. I HEREBY CERTIFY that I attended deceased from November 10, 1935, to November 1, 1937. I last saw him alive on November 1, 1937. Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Carcinoma of Right Mammary gland - Multiple metastasis Date of onset April 1935
50

Other contributory causes of importance:

Name of operation Radical Breast Amputation Date of Nov. 1, 1935

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

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? _____ If so, specify _____

(Signed) W. H. Hillyer, M. D.
(Address) 1500 P. M. 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.

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