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.

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

Do not use this space.

40365

File No. 3999

Registered No. 3999

1. PLACE OF DEATH — NOV 20 1937

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 100

City: Kansas City (No. 926 E. 30th St. ..... Ward)

2. FULL NAME: Mrs. Mary Johnson Spake

(a) Residence, No. 926 E. 30th St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Thomas H. Spake

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

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Seneca, Kansas

FATHER

13. NAME: Perry C. Johnson

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

MOTHER

15. MAIDEN NAME: Williams

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

17. INFORMANT (ADDRESS): Thomas H. Spake, 926 E. 30th

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Cremation DATE: Nov. 21, 1937

19. UNDERTAKER (ADDRESS): D. H. McCorkle's Sons

20. FILED: Nov. 21, 1937 M. M. Crowe, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1937, to Nov 19 1937

I last saw her alive on Nov 12 1937. Death is said to have occurred on the date stated above, at 11:00 P.M.

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

Carcinoma of Uterus about 14 years ago

Involving Bladder

Return of pain & C.S. treatment from beginning

Other contributory causes of importance: 48

Date of onset

Name of operation: None — Date of: No

What test confirmed diagnosis? Microscopic — 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?

If so, specify:

(Signed) Geo T. Harrell, M. D.

(Address) 900 Rialto Bldg

Rialto Bldg,