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.

JAN 17 1938

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

Do not use this space.

44218

1. PLACE OF DEATH

County Jackson — Registration District No. 395 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5121

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Eva P. Mangum

(a) Residence, No. 611 Spruce St., Ward. (If nonresident, give city or town and State)
(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.

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: C. D. Mangum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 26th 1897

7. AGE: YEARS 40 — MONTHS 1 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Union County Ark

FATHER

13. NAME: Charles Clay Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chilton Co Alabama

MOTHER

15. MAIDEN NAME: Rebecca Jane Attaway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Co Arkansas

17. INFORMANT (ADDRESS): A J Mangum 814 Cypress

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Floral Hills DATE: Dec 20 1937

19. UNDERTAKER (ADDRESS): Quick & Tobin Co 20 W Linwood

20. FILED: Dec 20 1937 M. M. Orr W.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov - 15, 1937, to Dec - 18, 1937

I last saw her alive on Dec - 17 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

	Date of onset
Carcinoma of Breast (with Metastasis to Lungs + Liver)	1934.
50	
Other contributory causes of importance:	
Anemia	6 months

Name of operation: Biopsy of Lymph Gland Date of 11/17/37

What test confirmed diagnosis? Laboratory 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) Harry R Staley, M. D.

(Address) North Kansas City, Mo

JUL 13 1948
JAN 6 1954