

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 7203 Penn)

File No. 5465  
Registered No. 531  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Jessie Constance Trantham 653

(a) Residence, No. 7203 Penn. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clyde A. Trantham

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1891

8. AGE YEARS 47 MONTHS \_\_\_\_\_ DAYS 11 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. \_\_\_\_\_  
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) Meridan Conn.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Clyde A. Trantham (ADDRESS) 7203 Penn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb. 2, 1938

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

20. FILED Feb 1, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from years of 1927 to Jan 31, 1938. I last saw him alive on Jan 29, 1938. Death is said to have occurred on the date stated above, at 8:45A m.

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

Carcinoma of left breast. Secondary to pelvis

Other contributory causes of importance:

Edema of legs + pelvis

Name of operation Expletory Date of Jan 31, 1938

What test confirmed diagnosis? Expletory 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) H. S. Sicker, M. D. (Address) 1525 Powell Blvd

57. ~~Sticks~~

N.S. 74 Hickock

Riolds Bldg.