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 Jackson — Registration District No. 399 — File No. 5622
Township Kaw — Primary Registration District No. 1002 — Registered No. C88
City Kansas City (No. 3867 Holmes St. St. Ward)

2. FULL NAME Mrs. Bridget STACK 320
(a) Residence, No. 3867 Holmes St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Garrett M. Stack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1863

7. AGE: YEARS 74 — MONTHS 4 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) County Carry IRELAND? 5

FATHER
13. NAME Dennis Land 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 5

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) Maurice J. Stack, Son, 3867 Holmes, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 2/10/38 19

19. UNDERTAKER (ADDRESS) Mellody-McGilley. K. C. Mo.

20. FILED 2/10, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 21st Dec, 1937, to Feb 8, 1938
I last saw her alive on Feb 6, 1938. Death is said to have occurred on the date stated above, at 2a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mos.
Other contributory causes of importance:	
Pylorus obstruction	2 mos.

Name of operation none Date of
What test confirmed diagnosis? Xray 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) Lindsay Melvin, M. D.
(Address) 1132 Jessica Bldg

Dr. S. Melvin
[illegible]