

REC'D SEP 13 1938

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

28112

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 3423  
 (c) City Kansas City (d) Street No. 4931 Trout St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Mrs. Sally Isabel Mabeely 11.4  
 (a) Residence, No. 4931 Trout St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Mabeely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 1869

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .....hrs. or .....min.  
70 10 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Lorax

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Haverly 0  
 (STATE OR COUNTRY) Missouri

13. NAME L. C. Martin 1

14. BIRTHPLACE (CITY OR TOWN) Penn 1  
 (STATE OR COUNTRY)

15. MAIDEN NAME Susan Isreal

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

17. INFORMANT Mrs. J. L. Haley  
 (ADDRESS) Milwaukee, Wis

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Sept. 1 1938

19. FUNERAL DIRECTOR (NAME) O. H. Newcomer  
 (ADDRESS) Brushcreek + Gales

20. FILED Aug 30, 1938 M. M. Crowe  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15 1938 Aug 30 1938

I last saw her alive on Aug 28 1938 Death is said

to have occurred on the date stated above, at 11 A. m.

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

General  
Carcinomatous  
Primary in Breast  
50

Date of onset

Other contributory causes of importance: 50

Name of operation 0 Date of 0  
 What test confirmed diagnosis stunk Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) W. M. Mice, M. D.

(Address) 100 Apple

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_ *Nell Carr*

Licensed Embalmer No. *3916*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

*Copy 429898  
5 P.M.*