

REC'D OCT 15 1938

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

Do not use this space.

31227

1. PLACE OF DEATH

County Jackson
Township Kaw.
City Kansas City (No. 3405)

Registration District No. 399
Primary Registration District No. 1002
Ward Warfield

File No. _____
Registered No. 3524
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3405 Warfield St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank B. Brant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Augusta MO

13. NAME Isaac Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Smith

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

17. INFORMANT Mrs Grace C. Nelson
(ADDRESS) 3405 Warfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept 8 1938

19. UNDERTAKER Caylor Funeral Home
(ADDRESS) 1102 E. 23rd

20. FILED Sept 8 1938 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Sept 6 1938
last saw her alive on Sept 5 1938 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Carcinoma of left breast
50A
Other contributory causes of importance:
Metastasis to chest wall
Secondary anemia
Name of operation Cocheper Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 None
(Signed) Merwin J. Rumsell M. D.
(Address) Blond Medical Bldg
Kansas City, Mo.

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.

