

REC'D MAR 9 1939

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

5369

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. _____ Registered No. 568
(c) City Kansas City (d) Street No. 6326 Warningside Drive 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

(a) Residence, No. 6326 Warningside 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-19395A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Tait22. I HEREBY CERTIFY That I attended deceased from 8-13, 1938 to 2-10, 19396. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1859I last saw h. _____ alive on _____ Death is said to have occurred on the date stated above, at 1:05 P.M.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 8 23

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

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

Carcinoma of lung secondary to carcinoma of breast
50
Date of onset _____

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

Other contributory causes of importance:

13. NAME James Sutherland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ScotlandName of operation None Date of _____15. MAIDEN NAME Frances OusterWhat test confirmed diagnosis Biopsy Was there an autopsy? No16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) Mrs. B. P. Connelly
446 W. 5-6 St.

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2/13/39

Where did injury occur? _____ (Specify city or town, county, and State)

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stuart McChure
R. O. Mo.

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

20. FILED 2-10-1939 M. M. Crowe, M.D.
Local Registrar.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) J. N. O'Brien, M. D.(Address) 1094 Rialto Ave. City Mo.

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.....

Licensed Embalmer No.....

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.