FILED MAY 23 1941

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

Do not use this space.

15548

1. PLACE OF DEATH
County: Platte
Township: Fair
City: Beverly (No. / St. / Ward)
Registration District No. 696
Primary Registration District No. 5925
File No.
Registered No. 10

2. FULL NAME Gillie Irene Kalousek no social security

(a) Residence. No. Beverly Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 20 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Kalousek

6. DATE OF BIRTH (MONTH, DAY AND YEAR): aug 6 1900

7. AGE: 40 YEARS; MONTHS: 8; DAYS: 14; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED: House wife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Linwood
(STATE OR COUNTRY): Lawrence Kans

PARENTS

10. NAME OF FATHER: Charles Curtis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Butler
(STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Emma Laudison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lawrence
(STATE OR COUNTRY): Douglas co Kans

14. INFORMANT: Geo Kalousek
(Address): Beverly Mo

15. FILED 4/21 1941 Mrs Francis E Murray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April-20- 1941.

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1940, to April-20-, 1941, that I last saw him alive on April-10-, 1941, and that death occurred, on the date stated above, at 11-25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Comedo Carcinoma of left breast: in 7 months involvement of rt breast was noted then general Carcinomatosis
(duration) yrs. 14 mos. ds.

CONTRIBUTORY (SECONDARY) Undetermined. 50
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Was Contracted in Platte City, Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF April-1-1940
WAS THERE AN AUTOPSY? No tissue.
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Pathological Ex of
(Signed) Lewis C. Calvert M.D
Apr-21-1941, 19 (Address) Weston, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Linwood Ks
DATE OF BURIAL: April 22 1941

20. UNDERTAKER: F. D. Chambers
ADDRESS: Easton Ks

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.