

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

Do not use this space.

8463

**1. PLACE OF DEATH**

County Jackson Registration District No. 899

Township Kear Primary Registration District No. 1002

City Kansas City, Mo. Research Hos St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 1518

**2. FULL NAME**

(a) Residence, No. 1515 Lehigh St., \_\_\_\_\_ Ward, \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael A. Whelan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>9</u>	<u>7</u>		

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Weithers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

14. INFORMANT Michael A. Whelan  
(Address) 1515 Lehigh St

15. FILED 3/29, 27 M. M. Crowe  
REGISTRAR West

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Mar. 1st, 1927, to Mar. 25, 1927.  
that I last saw him alive on Mar. 25, 1927, and that death occurred, on the date stated above, at 2:40 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Recurring Carcinoma Left Breast.  
Post-Operative.  
malignant recurred site, positive evidence that metastasis occurred  
into lungs & liver. Chest findings extreme  
CONTRIBUTORY (SECONDARY) pleuralia, 4 wks. duration.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH?

3 DID AN OPERATION PRECEDE DEATH? Yes, 3047 yrs. ago Breast DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Robert M. D.

3/28, 1927 (Address) 921 Triaults Bldg

\*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 St St Marys cemetery DATE OF BURIAL Mar 29 1927

20. UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

25th May 1952

924 Pinalto block

Min. 1652

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