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

Do not use this space. 10753

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1003 — Registered No. [illegible]
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Mary A. Bruno
(a) Residence. No. 226½ East 30 St., 5 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. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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 —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3. 1844
7. AGE: Years 84, Months 9, Days 10 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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) Pa.
PARENTS
10. NAME OF FATHER Jacob McGill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.
14. INFORMANT Walter F Bruno (Address) 7321 Belleview
15. FILED 3-14 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 13 1929
17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1929, to 3-13, 1929, that I last saw her alive on 3-17, 1929, and that death occurred, on the date stated above, at 1 pm m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Retroperitoneal Sarcoma Weight 30 Lbs —
Intestinal Nephritis (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) From pressure of Tumor (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-12-29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Lab op & Autopsy
(Signed) Howard Hill, M. D
3-14, 1929 (Address) 734 Keyes 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: Mt Washington — DATE OF BURIAL: Mch 16 1929
20. UNDERTAKER: Mrs C L Forster — ADDRESS: 918 Brooklyn

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.

Dr. Howard Mel.
734 Argyle
Vic 9581