WHITE 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.

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

Do not use this space.

34466

1. PLACE OF DEATH

County Jackson — Registration District No. 899 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4183

City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Marie T. Sullivan

(a) Residence. No. 4400 Jorboe St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. F. Sullivan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	41	41	29	

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) Kansas
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jerome B. Carpenter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT M. F. Sullivan
(Address) 4400 Jorboe

15. FILED 10/14, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Oct 13, 1931 that I last saw her alive on Oct 13, 1931, and that death occurred, on the date stated above, at 4 50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of breast
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Metastasis to lungs
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Robert C. Davis, M. D.
10/13, 1931 (Address) 1024 Professional

*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	DATE OF BURIAL
Calvary	10/15 1931
20. UNDERTAKER	**ADDRESS**
Mellody - McGilley	K. C. Mo