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.

APR 25 1934

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

Do not use this space.

8945

File No. 1141

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township ~~Kansas~~ — Primary Registration District No. 1002

City Kansas City (No. St. Marys' Hospital St. Ward)

2. FULL NAME Mrs. Mary Ann Soehle

(a) Residence, No. 17 East 34th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Soehle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1903

7. AGE: Years 30 — Months 7 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

247

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engel ans' Restraurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Patrick Mullins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Nora McNamara

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Nora Mullens 3206 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemeter DATE 3/12/34 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 W. Linwood

20. FILED Mch 12 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, to Mch 10, 1934

I last saw her alive on Mch 10, 1934. Death is said to have occurred on the date stated above, at 12:55 P. M.

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

Carcinoma of uterus. June 1931

48

46E

98

Other contributory causes of importance:

Secondary Carcinoma of Peritoneum.

Name of operation Application of Radium Date of 1931-1932

What test confirmed diagnosis? Biopsy Was there an autopsy? No

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

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

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

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) M J Owens, M. D.

(Address) Kemo