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.

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

NOV 13 1934

Do not use this space.

1. PLACE OF DEATH

County JACKSON — Registration District No. 3 5 — File No. 36034

Township KAW — Primary Registration District No. 100 — Registered No. 4535

City KANSAS CITY (No. 3926, CHESTNUT St. Ward)

2. FULL NAME MISS IRMA RISSER

(a) Residence, No. 3926 CHESTNUT St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-4-1875

7. AGE: YEARS 59 — MONTHS 8 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) BEDFORD IOWA

FATHER

13. NAME THEODORE D. RISSER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ASHLAND OHIO

MOTHER

15. MAIDEN NAME MARY HENSLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLOOMINGTON INDIANA

17. INFORMANT (ADDRESS) MRS. MARY RISSER 3926 CHESTNUT

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE OCTOBER-12 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST

20. FILED Oct 11, 1934 M. M. Crowe Asst Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec —, 1932, to 10-9-, 1934

I last saw her alive on 10-8-, 1934. Death is said to have occurred on the date stated above, at 7:20 P.m.

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

	Date of onset
Carcinoma of breast	1932
50	
69B	

50

Other contributory causes of importance: General Metastasis with toxemia, inanition and general weakness

Name of operation Masseetomy Date of 1932

What test confirmed diagnosis? Microscope 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) L. A. Marty, M. D.

(Address) 815 McGee Kansas City Mo

Lt. L. A. [illegible]
815- Mc Gee St.
9-4:30