

NOV 18 1937

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

Do not use this space.

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36733

1. PLACE OF DEATH

County Jackson
Township Hann
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 36733
Registered No. 4162 Ward

2. FULL NAME

(a) Residence, No. 2614 E. 9th St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conj. O'Hare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 ✓ 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Wilton Indiana13. NAME Shosh. Whalley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio15. MAIDEN NAME Mary Goodman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio17. INFORMANT Conj. O'Hare (ADDRESS) 2614 E 9th18. BURIAL, CREMATION, OR REMOVAL PLACE W. S. Mary Home DATE 10/18/3719. UNDERTAKER H. F. Mayberry (ADDRESS)20. FILED 10-17-37 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14/37, 1937

I HEREBY CERTIFY, That I attended deceased from 2-2 1937, to 10-14 1937

I last saw her alive on Sept 25 1937. Death is said to have occurred on the date stated above, at 9 P. m.

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

Carcinomatous of abdomen Date of onset

Other contributory causes of importance ascites
Carcinoma of ovary

Name of operation Exploratory Date of 2-2-37
What test confirmed diagnosis? Asp. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1937

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?
If so, specify

(Signed) Lewis Hamilton M. D.
(Address) 110.7 Bryant St. Sd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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By order of the
J. C. 0843

AD 1800-1800 AD V.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 36733
 Township Kansas City Primary Registration District No. 1002 Registered No. 4162
 City Kansas City (No. 2614 89th St) St. _____ Ward _____

2. FULL NAME

Mrs Alma J. O'Harr
 (a) Residence, No. 2614 89th St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) on

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said

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

to have occurred on the date stated above, at _____ m.

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

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

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

Carcinomatosis of abdomen Date of onset _____

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

11. Total time (years) spent in this occupation

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

Other contributory causes of importance

13. NAME

Carcinoma of left ovary (Primary)

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

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

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

PLACE _____ DATE _____, 19____

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

19. UNDERTAKER (ADDRESS)

Manner of injury _____

20. FILED 10/17 39 M. M. Brown

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Ernest P. Hamilton M. D.

(Address) 1107 Bryant Bldg

Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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