

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

Do not use this space.

33981

4434

1. PLACE OF DEATH

County Jackson Registration District No.
Township Raw Primary Registration District No.
City Kansas City (No. 4142) Flora St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Miss Emily Harriett Stewart
(a) Residence No. 4142 Flora St., 15 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Andrew Stewart

7. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oswego
(STATE OR COUNTRY) New York

10. NAME OF FATHER Joseph B. Van Petter

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

12. MAIDEN NAME OF MOTHER Nancy M. King

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

14. INFORMANT Miss L. M. Stewart
(Address) 3516 Charlotte

15. FILED 10/27/1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Friday Oct. 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to Oct 25 1929, that I last saw him alive on Oct 25 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Breast metastatic

CONTRIBUTORY (SECONDARY) (duration) yrs. 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? No
WHAT TEST CONFIRMED DIAGNOSIS? Pliniscial feeding
(Signed) Rajabingolopp, M. D.
Grand

*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 Clay Center Kans DATE OF BURIAL Oct 28 1929

20. UNDERTAKER Caylor Funeral Home ADDRESS K. C. Mo.

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.

621 W. 50th Val 4700 Ralph R. Coffey
300 State City Bank Vector 2200