

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

1 PLACE OF DEATH

County Jackson
Township Kanaw
or
Village
or
City Kansas City Mo

380

Registration District No. 1502

File No. 41514

Primary Registration District No.

Registered No. 41514

City Kansas City Mo (NO German Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frances R Lipscomb

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)

6 DATE OF BIRTH July 26 1856
(Month) (Day) (Year)

7 AGE 61 yrs 4 mos 24 ds If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Plata Ca Mo

PARENTS
10 NAME OF FATHER Clay Meyers
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
12 MAIDEN NAME OF MOTHER Don't know
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andrew Lipscomb
(Address) 2803 Cypress

15 Adelina 191 dep Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 20 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 29 1917 to Dec 20 1917, that I last saw him alive on Dec 20 1917 and that death occurred, on the date stated above, at 11:50 a.m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
108
1109 W
(Duration) 20 yrs. 0 mos. 0 ds.

CONTRIBUTORY Empyema
(Secondary)
(Duration) 1 yrs. 0 mos. 0 ds.

(Signed) J. H. Carter M. D.
Dec 21 1917 (Address) 2407 Jackson

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 4 yrs. 0 mos. 0 ds. In the State 61 yrs. 0 mos. 0 ds.
Where was disease contracted Kansas City Mo if not at place of death?

Former or usual residence Rich Hill Mo

19 PLACE OF BURIAL OR REMOVAL Rich Hill Mo DATE OF BURIAL 11 Nov 1917

20 UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

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.

