

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

19656

2865

1. PLACE OF DEATH  
County Jackson Registration District No. 009 File No. 006  
Township Kaw Primary Registration District No. 006 Registered No. 006  
City Kansas City. (No. 1013 Locust) St.          Ward         

2. FULL NAME Lura A. Buck  
(a) Residence. No. 1013 Locust 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8th 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 0 22

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

9. BIRTHPLACE (CITY OR TOWN) Michigan  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown parish.

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

12. MAIDEN NAME OF MOTHER         

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

14. INFORMANT Frank Buck  
(Address) 1013 Locust St

15. FILED 07/31, 20 M. M. Crowe  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 30th 1920

17. I HEREBY CERTIFY That I attended deceased from April 1st 1920, to May 30 1920, that I last saw her alive on May 26 1920, and that death occurred, on the date stated above, at 1 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer  
Sarcoma of Uterus & Rectum  
48 (duration) I don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? I don't know

DID AN OPERATION PRECEDE DEATH? no. DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Lawrence Blosser, H. B.

7/31, 19 20 (Address) 605 Altman Bldg-

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MT. Washington DATE OF BURIAL June 1st 20

20. UNDERTAKER Wm. Newcomer's Sons ADDRESS P.C. Mo.

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.

