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

Do not use this space.

8190

1. PLACE OF DEATH
County Jackson — Registration District No. 39 — File No.
Township Kaw — Primary Registration District No. 3990 — Registered No. 11144
City Kansas City (No. 3637 Broadway St. Ward)

2. FULL NAME Mrs Lennis Meriwether
(a) Residence. No. St., Ward. Los Angeles Calif
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 14 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31-1873

7. AGE: Years 53 — Months 4 — Days 7 — If LESS than 1 day, ....hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER J W Fletcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Martha M Price
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Rosie Fletcher
(Address) 3637 Broadway

15. FILED Mar 11, 1927 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1927, to Mar. 7, 1927, that I last saw her alive on Mar. 7, 1927, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
10 H
9 H (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Myocarditis, Acute
(duration) yrs. mos. 9 hrs.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 100 A

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Park L McDonald, M. D
Mar. 7, 1927 (Address) Bright Bldg. 31 Prospect

*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: Mt Washington — DATE OF BURIAL: 3/11/27

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 Main St.

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.