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

Do not use this space.

11222

1. PLACE OF DEATH County: Jackson Clay Registration District No. 197 File No.
Township: Kaw Primary Registration District No. 5276 Registered No.
City: East Kansas City (No.) East K. C., Moscow Sta. St. 14 Ward)

2. FULL NAME Mrs. Louise Hope

(a) Residence. No. Moscow Sta 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: F

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11, 1883

7. AGE: Years 43 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ft. Scott,
(STATE OR COUNTRY) Kans.

PARENTS

10. NAME OF FATHER Jas. M. Lambdin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) W. Va.

12. MAIDEN NAME OF MOTHER Alice Gilbert

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

14. INFORMANT Mrs. E. C. Coy
(Address) 4335 State Line

15. FILED 4-5, 19 27, G. A. Dogg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 5 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis,
Died suddenly while a physician
Was came towards a.

(Duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Neil Conner, M.D.
, 19 (Address) Liberty Mo

*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: Apr. 7 1927

20. UNDERTAKER: L. H. Newcomer's Sons K. C., Mo. | ADDRESS

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.