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

Do not use this space.

11758

File No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kansas — Primary Registration District No.: 1002

City: Kansas City (No. 5835 Wabash St. Ward)

2. FULL NAME: Lillie Biggs Barker

(a) Residence. No. 5835 Wabash St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 19 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): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Courtney V. Barker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 1, 1884

7. AGE: Years 43 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

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)
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Moses A. Biggs

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

12. MAIDEN NAME OF MOTHER: Martin Newton

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

14. INFORMANT: Courtney V. Barker
(Address): 5835 Wabash

15. FILED: 4/13, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 11 1927

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1927, to April 11, 1927, that I last saw him alive on April 11, 1927, and that death occurred, on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Metastatic carcinoma of liver
50 47
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of breast
(duration) 1 yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Breyfogle M. D.
4-12, 1927 (Address) Medical Arts 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Washington | DATE OF BURIAL: Apr 13 1927

20. UNDERTAKER: D. H. Newcomer's Sons | ADDRESS: K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

818 med. arts bldg.
H.P.O 433.
1- 5.