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

Do not use this space.

File No. 15345

Registered No. 1227

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kansas — Primary Registration District No.: 1002

City: Kansas City — No. 2608 Harden St. (St. Ward)

2. FULL NAME: Lulee Marie Quinn

(a) Residence. No. Okmulgee Okla 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. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. S. Quinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 12 1858

7. AGE: Years 68 | Months 4 | Days 26 | 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): New Burn
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: John F. Lee

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

12. MAIDEN NAME OF MOTHER: Mariah Becraft

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

14. INFORMANT: Lizzie Lee Jones
(Address) 4218 Harden

15. FILED May 10, 1927 M. M. Crane
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8 1927

17. I HEREBY CERTIFY, That I attended deceased from May 7th, 1927, to May 8th, 1927, that I last saw h. alive on May 8th, 1927, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Goiter

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF: —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M.D.

May, 1927 (Address) 2544 Olive St.

*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: May 10 1927

20. UNDERTAKER: Mr. C. L. Forster — ADDRESS: City

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.

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Res. 2544 [illegible] [illegible] 7382.