

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

Do not use this space.

18512

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City Kansas City (No. 4127 Locust)

Registration District No. 399  
 Primary Registration District No. 1002

File No. 2517  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** ELIZA E. LACY

(a) Residence No. 4127 Locust St. 6 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 W. L. Lacy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 17, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 7 12

**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) Illinois

10. NAME OF FATHER George H. Cable

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

12. MAIDEN NAME OF MOTHER Minerva J. Foster

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

14. INFORMANT W. L. Lacy  
 (Address) 212 Bryant Bldg

15. FILED 4127 Locust St  
6/29/27 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926 to June 29, 1927 that I last saw her alive on June 29, 1927, and that death occurred, on the date stated above at 7:20 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis, Chronic  
668  
935

CONTRIBUTORY (SECONDARY) Hyroid toxicosis  
 (duration) 15 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED 600  
 (IF NOT AT PLACE OF BIRTH)

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) James B. Greene, M. D.  
6/29, 1927 (Address) 407 Argyle Bldg

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harrisville, Mo DATE OF BURIAL July 1 1927

20. UNDERTAKER Shaw & McClure ADDRESS 924 Oak

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

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.

Dr. Lynne Greene  
213 Bryant Bldg.

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