

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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0618

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

Do not use this space.

27337

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township St. Lawrence Primary Registration District No. 1097
 City Kansas City (No. St. Lukes Hosp.) St. _____ Ward _____

2. FULL NAME Lynne Bullom
 (a) Residence No. 3031 Benton St., 11 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 | 11 | 1 | _____

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 _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1927, to Sept. 20, 1927 that I last saw her alive on Sept. 14, 1927, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
Carcinoma of
transverse colon
46c (duration) yrs. mos. 7 ds.
 CONTRIBUTORY (SECONDARY) 99 Amblyopia
122 B (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) West Point (STATE OR COUNTRY) Ind.

10. NAME OF FATHER Arthur Wallace

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

12. MAIDEN NAME OF MOTHER Larsh Stanley

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

18. WHERE WAS DISEASE CONTRAILED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray findings
 (Signed) E. Lee Miller, M. D.
9-20, 1927 (Address) 800 Riatts 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.

14. INFORMANT Mrs E. E. Current (Address) 2725 Monroe

15. FILED 9/20 27 M. M. Craue ASST. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL 9-22 27

20. UNDERTAKER W. H. Newcomer's Sons ADDRESS St. Louis Mo.

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7/16/18

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Missouri State University