

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

Do not use this space.

27395

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 3559
 Township Haw Primary Registration District No. 1002 Registered No. 3559
 City Kansas City (No. K.C. General Hosp) St. Ward

2. FULL NAME

Calrae Lina
 (a) Residence. No. 706 E. 12th St. 2 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-24-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 | 11 | 28 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waitress
 (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) Texas

10. NAME OF FATHER Wm. Stebson

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

12. MAIDEN NAME OF MOTHER Martha Austin

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

14. INFORMANT Reina Clark (Address) K.C. General Hosp.

15. FILED 9/26 1927 M. M. Grover REGISTER Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-22 1927

17. I HEREBY CERTIFY That I attended deceased from 9-19 1927 to 9-22 1927 that I last saw her alive on 9-22 1927 and that death occurred, on the date stated above, at 4:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningitis, organism undetermined
79A

CONTRIBUTORY (SECONDARY) 71A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

9-23, 1927 (Signed) George C. Lee M. D. (Address) General Hosp. K.C. 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

DATE OF BURIAL

Maple Hill 9-26 1927

20. UNDERTAKER

ADDRESS

O. U. Mast 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.

PERMANENT RECORD

THIS IS A PERMANENT RECORD

