

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

Do not use this space.

33754

1. PLACE OF DEATH

County Jackson
Township Staw
City Kansas City

Registration District No. 1002
Primary Registration District No. 8 Benton
(No. 3219)

File No. _____
Registered No. 4524
St. _____ Ward _____

2. FULL NAME

Addie M. Luker
(a) Residence. No. 3219 S Benton St., 14 Ward.
(Usual place of abode) 1888 yrs. _____ mos. _____ ds.

(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 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 Joseph H. Luker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
69 2 20 = _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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 Jm. Montgomery

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

12. MAIDEN NAME OF MOTHER Roxana Chapman

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

14. INFORMANT Dr. N. Elmer Montgomery (Address) 3219 S Benton

15. FILED 11/28/27 M. M. Crown REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1927

17. I HEREBY CERTIFY That I attended [deceased] from Nov 28 to Nov 28 1927 that I last saw her alive on Nov 28, 1927, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage

131
82-8/29 W
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic hepatitis (SECONDARY) (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & physical
(Signed) [Signature] (Address) 775 N. 1st St. St. Louis

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL Edgewood DATE OF BURIAL Nov 30 1927

UNDERTAKER S. H. Newcomer's Sons A. C. No

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.

21-11-14
715 Argente Bldg -
Vic 4815
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