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

Do not use this space.
1173

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: Kc Mo (No. Mercy Hospital St. Ward)
Registration District No.: 399
Primary Registration District No.: 1002
File No. 197
Registered No.

2. FULL NAME: S Lilley Geddes
(a) Residence. No. 1017 Holmes 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: a.m.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 13 - 1926
7. AGE: Years 1 | Months ~~14 mo~~ 2 | Days | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DEACESED
(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): Murray Utah

PARENTS
10. NAME OF FATHER: Grant Geddes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Creston Iowa
12. MAIDEN NAME OF MOTHER: Emma May Christiano
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Utah

14. INFORMANT: Grant Geddes
(Address): 1017 Holmes
15. FILED: Jan 16 1928 M. M. Crouse Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 13 1928
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Right Ventricular Embolus
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Henry Gaspaugh M. D.
Jan 14 1928 (Address) Deputy Coroner

*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: Woodlawn Cemetery
DATE OF BURIAL: Jan 14 1928
20. UNDERTAKER: A. J. DEHNER MORTUARY
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.