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.

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

Do not use this space.

17066

File No. ..... Registered No. 2035

1. PLACE OF DEATH

County Jackson. Registration District No. .....

Township ..... Primary Registration District No. .....

City K.C. Mo. (No. 1856-E-79th St. ..... St. ..... Ward)

2. FULL NAME Carol Lucile Filley

(a) Residence. No. 1856-E-79th St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-9-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	26	

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) K. C.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George Filley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waterville
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Ona Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wilsey
(STATE OR COUNTRY) Kansas

14. INFORMANT George Filley
(Address) 1856-E-79th

15. FILED 5-7, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-5- 1928

17. I HEREBY CERTIFY, That I attended deceased from March 9th, 1928, to May 5, 1928 that I last saw her alive on May 5, 1928, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis
159B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Patent Foramen Ovale
Congenital (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? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) E. T. Monahan, M. D.
5/6, 1928 (Address) 300 Argyle 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill
DATE OF BURIAL: 5-7 1928

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: City

has attended 300 Argyle.

HP 2430
4034 Frost
monday 8 A.M.