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

Do not use this space.

17174

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

1. PLACE OF DEATH
County: Jackson Registration District No.: 399
Township: Raw Primary Registration District No.: 1002
City: Kansas City (No. 4538 Virginia St., Ward)

2. FULL NAME: Mary Lebolt
(a) Residence. No. 4538 Virginia 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: 6 yrs. 12 mos. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred M. Lebolt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 30, 1877

7. AGE: Years 51 | Months 0 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Rome City
(STATE OR COUNTRY): Ind.

PARENTS
10. NAME OF FATHER: Henry Stage
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Fred M. Lebolt
(Address): 4538 Virginia

15. FILED: May 15, 1928 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 15 1928

17. I HEREBY CERTIFY, That I attended deceased from May 15 1928 to May 15 1928, that I last saw h. on alive on May 15, 1928, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignancy uterus
Surcoma
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Hemorrhages
(duration) ..... yrs. ..... mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED: HO
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. A. Boone, M. D.
May 15, 1928 (Address) Kc 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: Highland Park DATE OF BURIAL: 5-17 1928
20. UNDERTAKER: H. H. Newcomer's Sons ADDRESS: KC Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD