

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

Do not use this space.

17341

1. PLACE OF DEATH
Jackson

County **Jackson**

Registration District No.

Township **Kaw**

Primary Registration District No.

City **Kansas City** (No. **St. Joseph Hospital**)

File No.
Registered No. **2314**
St. Ward

2. FULL NAME **Lillie B. Burbank**

(a) Residence No. **3220 Agnes** St. **14** 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 **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 5th 1884**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 | **2** | **19**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Singer**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Holden**
(STATE OR COUNTRY) **Missouri**

PARENTS

10. NAME OF FATHER **W.H. Pollitt**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Kentucky**

12. MAIDEN NAME OF MOTHER **Frances Gibson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **New York**

14. INFORMANT **Jessie Pallitt**
(Address) **3220 Agnes Ave.**

15. FILED **5/26, 1928** **M. M. Crowe** REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-24** 19**28**

17. I HEREBY CERTIFY That I attended deceased from **5-28** 19**28** to **5-29** 19**28** that I last saw h. **alive** on **5-29-28** 19**28** and that death occurred, on the date stated above, at **9 P.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Profound sepsis from ruptured retro-caecal appendix **36**

CONTRIBUTORY (SECONDARY) **acute appendicitis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Home**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **5-23-28**
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Eugene Hamilton** M. D.
5/25, 1928 (Address) **Co. 2, 28th St.**

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mt. Moriah** DATE OF BURIAL **May 26** 19**28**

20. UNDERTAKER **The Taylor Funeral Home Inc**
ADDRESS

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.

