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

Do not use this space.

20886

399

1. PLACE OF DEATH
County Jackson
Township Main
City Kansas City No. 3118 Chelsea St.
Registration District No. 1002
Primary Registration District No.
File No.
Registered No. 2788 Ward)

2. FULL NAME Lula F. Kolar
(a) Residence. No. 2432 Prospect St. 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 46 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 Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF James Kolar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 16 1862

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|
| 66 | 4 | 9 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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) Kansas

PARENTS
10. NAME OF FATHER J. L. Corum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Sarah M. Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT James Kolar
(Address) 2432 Prospect

15. FILED 6/27, 1928 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1928

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 25, 1928 that I last saw h. on alive on June 25, 1928 and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lesser curvature curvature of stomach
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Carcinoma of stomach
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 44a
DID AN OPERATION PRECEDE DEATH? No. DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X Ray
6/25 (Signed) J. F. Mackey, M. D
, 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 Memorial Pk
DATE OF BURIAL 6/27/1928

20. UNDERTAKER Mrs. C. L. Forster
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.

THIS IS A PERMANENT RECORD

4 [illegible]

nic 3002

will be at — office at 1pm

3719 Forest Westport

06[illegible]7

gone from [illegible] to [illegible]