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

Do not use this space.

File No. 23796
Registered No. 2922

1. PLACE OF DEATH

County: Jackson — Registration District No. 395
Township: Law — Primary Registration District No. 1002
City: Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Billie Jean Caylor.

(a) Residence. No. 2611 N. 8th St., Ward. Ks. C., Kansas.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W.	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1928.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		19	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER George W. Caylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin Co.
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Marie Lamar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Okla

14. INFORMANT Geo. W. Caylor
(Address) 2611 N 8th Kansas City Kans.

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1928.

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 6, 1928, that I last saw ~~alive~~ alive on 7-6-28, 1928, and that death occurred, on the date stated above, at 7:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver 1 yr
Jaundice 1 yr
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. B. Stockwell M.D.
7/7, 1928 (Address) Mercy Hospital ~~Kansas City~~ H. C. Berger M.D.

*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: Mt Hope — DATE OF BURIAL: 7-7 1928

20. UNDERTAKER: Geo. H. Long — ADDRESS: K.C.K.

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.