

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

Do not use this space.

23824

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 23824
 Township Kaw Primary Registration District No. 2 Registered No. 2150
 City Kansas City (No. St Joseph Hospital) St. _____ Ward _____

2. FULL NAME

Fred A Lightizer
 (a) Residence No. 4933 park St. 15 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 7 1928

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

17. I HEREBY CERTIFY, That I attended deceased from act 1927, 1927, to July 7, 1928 that I last saw him alive on July 7, 1928, and that death occurred, on the date stated above, at 4:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 29 - 1877

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer bladder

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 8

CONTRIBUTORY (SECONDARY) 44 (duration) yrs. ? mos. da.

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

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

9. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER Joshua Lightizer

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Mrs Jackson, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fidilia Campbell

7/8, 1928 (Address) 602 High Cevelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

*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.

14. INFORMANT Mrs Birtie Lightizer
 (Address) 4933 park lane

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL July - 9 1928
 ADDRESS _____

15. FILED 7/9 28 M.M. Corwin REGISTRAR
Class

20. UNDERTAKER Wm Newman Sons H.C. Mc

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.

residence 416 W-61 St Wt 4221

Vic 0848

1-5.