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

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.

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

Do not use this space. 33626 4166

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. .....

Township Raw — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. Kansas City Genl Hosp. St. ..... Ward)

2. FULL NAME Lincoln, Frances

(a) Residence. No. 608 Elmwood St., 10 Ward. (Usual place of abode) ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 12 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	10	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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) Arkansas

PARENTS

10. NAME OF FATHER: Wm. Wilks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER: Mary Phipps
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Arkansas

14. INFORMANT: Record Clerk (Address) Kansas City Genl Hosp

15. FILED 10/13, 1928 M M Croll ant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-11 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-26, 1928, to 10-11, 1928 that I last saw her alive on 10-11, 1928, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism
14
14 7 B
147 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Childbirth (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings

(Signed) P. E. Wisseau, M. D

10-12, 1928 (Address) Supt K.C. General Hosp.

*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 Washington — DATE OF BURIAL: 10-15-1928

20. UNDERTAKER: O. V. Mast — ADDRESS: K. C. Mo