

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

Do not use this space.

927

**1. PLACE OF DEATH**

County Wappling Registration District No. 288  
 Township Independence Primary Registration District No. 4172  
 City Independence (No.       ) St.        Ward       

File No.         
 Registered No.       

**2. FULL NAME**

Lizzie Mc Kee Otis  
 (a) Residence. No.        St.        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 F 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 W. L. Otis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/7-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
39 9 25

**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) Blountville Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Chas. Mc Kee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know  
 (STATE OR COUNTRY)

14. INFORMANT W. L. Otis  
 (Address) Kennett, Mo

15. FILED 4, 1928. P. L. Spence  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929

17. I HEREBY CERTIFY That I attended deceased from 12-24, 1928, to 1/1, 1929, that I last saw h.        alive on        1928, and that death occurred, on the date stated above, at 9:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1459  
113  
146  
Phn and Pneumonal sepsis  
 (duration) yrs. mos. ds. 5 ds.  
 CONTRIBUTORY (SECONDARY)         
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF       

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. W. Probst, M. D.  
1-2, 1929 (Address) Carey, 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 Liberty DATE OF BURIAL 1/2 1929

20. UNDERTAKER Baldwin Funeral ADDRESS Kennett Mo

K. 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.

RECORD WITH ORIGINALS IN THIS IS A PERMANENT RECORD

41924

23

3

7660

