

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.

1601

192

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 1 Kansas City General Hospital)

Registration District No. 399

File No. 192
Registered No. 192 St. 2 Ward 2

2. FULL NAME

Madre Lucie

(a) Residence. No. 1318 Campbell St., 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-26-1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 185
(b) General nature of industry, business, or establishment in which employed (or employee) 105
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER

Parsons

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Mrs. Duncan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT Robert Clark
(Address) Kansas City Genl Hosp

15.

FILED 1-14, 19 29 M. M. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13- 19 29

17. I HEREBY CERTIFY, That I attended deceased from 12-4-, 19 29, to 1-13-, 19 29, that I last saw him alive on 1-13-, 19 29, and that death occurred, on the date stated above, at 12:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of femur, accidental fall in home

CONTRIBUTORY hypertatic broncho
(SECONDARY) pneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF 12
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Post + Ray findings
(Signed) P. C. Williams, M. D.

1-14, 19 29 (Address) Supr R.C. Genl 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

DATE OF BURIAL

Withers, Kansas

Jan 15 19 29

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster

918 Brooklyn

