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

Do not use this space.

18125

2170

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township 11 Kaw — Primary Registration District No. — Registered No.
City K C Mo (No. 912 E 11th St — St. — Ward)

2. FULL NAME Mrs Mary Lorenz
(a) Residence. No. 912 East 11th St., 2 Ward.
(Usual place of abode) (If non-resident 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 1865

7. AGE: Years 63 — Months 9 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) North Carolina

PARENTS
10. NAME OF FATHER O. K. Kinney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. C.
12. MAIDEN NAME OF MOTHER Louise Murray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N. C.

14. INFORMANT Edward Lorenz
(Address) 912 East 11th K C Mo

15. FILED 5/11, 1929 M. M. Crowe REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-10 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-1-29, 19..., to 5-10, 1929 that I last saw her alive on 5-1-29, 19..., and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Mania
118
84 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. 2 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? Observation
(Signed) [signature], M. D
5/10, 1929 (Address) 3700 Stony Ark Rd

*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: Maple Hill Cem. — DATE OF BURIAL: May 13 29

20. UNDERTAKER: Simmons & Son — ADDRESS: K C Mo

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.