

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

Do not use this space.

40983

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No 2717 Jarboe)

File No. 5002
Registered No. 5002
St. _____ Ward _____

2. FULL NAME Lottie McGee

(a) Residence No. 2717 Jarboe St. 3 Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James C. McGee</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 14 1876</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) Mo.

PARENTS

10. NAME OF FATHER <u>Grigsby L. Metzker</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>W. Va.</u>
12. MAIDEN NAME OF MOTHER <u>Sarah E. Waddle</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ill.</u>

14. INFORMANT Mrs. Bert Mann.
(Address) R.R. 6 K.C.K.

15. FILED 7/30, 19 29 M. M. Crowe
Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 29, to Dec 29, 19 29, that I last saw h. w alive on Dec 29, 19 29, and that death occurred, on the date stated above, at _____ 9 p. _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59
diabetes mellitus
(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) 57
(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
(Signed) J. K. Thompson M. D.
12/30, 1929 (Address) 7853 So. Wood Blvd Kans.

*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 <u>Shawnee</u>	DATE OF BURIAL <u>Dec 31</u> 19 <u>29</u>
20. UNDERTAKER <u>H. W. Gates</u>	ADDRESS <u>K. C. K.</u>

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.

