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.

5134

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 792
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo (No. General Hospital #2 St. Ward)

2. FULL NAME Franklin Myrtle
(a) Residence. No. 1624 Tobit St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Robert Terrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15-1895

7. AGE: 35 YEARS — MONTHS: 6 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Maid
(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) Texas

PARENTS
10. NAME OF FATHER William Terrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tex
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT (Address) Robert Terrell, 1328 Lydia Ave

15. FILED 2/21, 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16th 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-2-30, 19 30, to 2-16-30, 19 ..., that I last saw her alive on 2-15-30, 19 ..., and that death occurred, on the date stated above, at 1:10 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lungs (metastatic)

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49 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10 mos ago
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) V. M. Smith M. D.
2/17, 1930 (Address) City Hospital #2

*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: Cuero Tex. — DATE OF BURIAL: Feb. 21 1930

20. UNDERTAKER: West, Appleton & Jones — ADDRESS: 1600 E. 19th St