

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

Do not use this space.

5207

1. PLACE OF DEATH

County Jackson
Township Paul
City Kansas City (No. 3705 Central)

Registration District No. 399
Primary Registration District No. Central

File No. 805
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 3701-Central St. 5 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Lambly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 | 7 | 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Ives
(STATE OR COUNTRY) England

10. NAME OF FATHER Pierce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Grace Code

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
(STATE OR COUNTRY)

14. INFORMANT Fred W Lambly
(Address) 3705 Central

15. FILED 2/24 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1928, to Feb 23, 1930, that I last saw her alive on Feb 23, 1930, and that death occurred, on the date stated above, at 125 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ashma
(duration) 3 yrs. mos. ds.
CONTRIBUTORY Chronic Valvular Heart Disease
(SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Place of Death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms
(Signed) A. C. W. Smith, M. D.

724, 1930 (Address) 2327 Frost Ave

*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 Drevel Mo DATE OF BURIAL Feb 26 1930

20. UNDERTAKER Mrs C. L. Foster ADDRESS W. P. Mo.

A. C. Kinnick

2327 Transit. Cr. 2930

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