

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

Do not use this space.

8732

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1109
 Township Kaw Primary Registration District No. 1093 Registered No. 1109
 City Kansas City (No. Therley Hospital St. Ward)

2. FULL NAME

Lula Williams
 (a) Residence. No. St. Ward. Portland Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 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 col
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Williams
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1893
 7. AGE YEARS 56 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Portland
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER

John Lucas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Maggie Chambers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.
 (STATE OR COUNTRY)

14. INFORMANT

Richard Williams
 (Address) Portland Mo.

15. FILED

3/12 30 M.M. Conne
 19 30 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 1930 to Mar 11 1930
 that I last saw her alive on Mar 11 9/30am, 1930 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Restre Mitigation
followed Laperotomy
for appendicitis

CONTRIBUTORY (SECONDARY)

operator 1218
 (duration) yrs. mos. ds.
1188
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 9-30

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L.M. Bone M. D.
 (Address) 1705 E 12

*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

Portland Mo. DATE OF BURIAL Mar. 13 1930

20. UNDERTAKER

Adkins Bros. ADDRESS 2000 E-12th

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.

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