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.

16201

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2109
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Research Hospt St. Ward)

2. FULL NAME Julia Lester
(a) Residence. No. 2802 Indep Ave St., 9 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1911

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
18	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student 208M
(b) General nature of industry, business, or establishment in which employed (or employer): N. E. High
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glendale Mo.

PARENTS
10. NAME OF FATHER: Wm H. Lester
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Plainfield Conn.
12. MAIDEN NAME OF MOTHER: Fannie D Holmes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New London Conn.

14. INFORMANT: Miss Clara Lester
(Address) 2802 Indep Ave

15. FILED 5/17, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16 1930

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4:30 N. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Struct
Car Foundation
Automobile Involved
K C Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 188C (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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley McHale, M. D.
5/16, 1930 (Address) Deputy Coroner

*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: Mt Washington — DATE OF BURIAL: May 19 1930

20. UNDERTAKER: D. W. Newcomer's Sons — ADDRESS: K C Mo