WHITE 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.

399

22760

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 2740

Township Kaw — Primary Registration District No. — Registered No. 2749

City Kansas City (No. 2919 E 73 rd St St. Ward)

2. FULL NAME Katie H. Loncar

(a) Residence. No. 2019 E 73 St St., 15 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 22-96

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 34 | - | 10 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(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: Ora Raines

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

12. MAIDEN NAME OF MOTHER: Julia E Begley

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

14. INFORMANT: Mrs. Julia Raines
(Address) 2019 E 73 St

15. FILED 7/4, 1930 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2, 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-11-28, 19..., to 7-2, 1930 that I last saw h... alive on 7-1, 1930, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pul. Tuberculosis (Chronic)

23A

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Xray

7/3, 1930 (Signed) C. L. Gillis M. D.
(Address) 1032 Prof. Bd

*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: St. Marys Cemetery — DATE OF BURIAL: 7-5-30

20. UNDERTAKER: R. V. Lindsey & Sons, Inc — ADDRESS: Kans City, Mo

1032 [illegible]