

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

Do not use this space.

1594

1. PLACE OF DEATH

County Jackson
Township Howe
City Kansas City (No. 4005 Central 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. 426
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lula Veraunford O'Connell

(a) Residence. No. 4005 Central St. 7 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

white

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

married

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

John, R. O'Connell

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

Oct. 25-1878

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>52.</u>	<u>3</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 335

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Norton

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

Geo. W. Stahl

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Penn

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Polly Eddie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14. INFORMANT

John, R. O'Connell
(Address) 4005 Central

15. FILED

1/28/31 M. M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1930 to Jan. 27, 1931
that I last saw her alive on Jan. 27, 1931, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary edema -
cardiac decompensation
48

53h (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Cancer of bladder & uterus (duration) 1 yrs. 4 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. F. Hagan M. D.

1/28 1931 (Address) 418 North 4th St Kansas City Mo

*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

DATE OF BURIAL

Baker-Kaufman Jan. 29 1931

20. UNDERTAKER

ADDRESS

Eclair Funeral Home K. C. Mo

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.

415 anyyle

Newbern Hotel Val. 7820