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

Do not use this space.

9197

APR 21 1931

1. PLACE OF DEATH

24 County Clay — Registration District No. 198 — File No.

2 Township Fishing river — Primary Registration District No. 3011 — Registered No. 28

4 City Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME Julia Lincoln McMichael

(a) Residence. No. Saratoga apts St., ... Ward. Kansas City, 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. 19 ds. How long in U. S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. McMichael

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 - 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	0	22	

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) Clay Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER George Lincoln

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER Julia Ann Gatewood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Morgan McMichael
(Address) Fayetteville Arkansas

15. FILED 3/19 1931 Y. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1931

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to March 19, 1931 that I last saw h. 5 alive on March 19, 1931 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94 A
93 C
94 B
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis + Coronary Sclerosis (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Kans City, Mo.
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) W. J. Jamo, M. D.
3/19, 1931 (Address) Fr. Springs, 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
Plattsburg, MO	Mar 20 1931
20. UNDERTAKER	ADDRESS
Herbert Hope	Excelsior Springs MO

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD