

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

Do not use this space.

21521

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. St. Luke's Hospital) St. _____ Ward)

File No. _____
Registered No. 21521

2. FULL NAME

Lydia E. Rector
(a) Residence No. 919 W. Austin St. _____ Ward Nevada, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred A. Rector</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>January 12, 1891</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Adrian
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. C. Barton

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

12. MAIDEN NAME OF MOTHER Annie Frazee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rich Hill
(STATE OR COUNTRY) Missouri

14. INFORMANT Fred A. Rector
(Address) 919 W. Austin St. Nevada, Mo

15. FILED 6/17 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 2:30 P.M. June 15, 1931 to 2 P.M. 6-16, 1931
that I last saw h. s. alive on June 16, 1931, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Miliary pulmonary Carcinomatosis
H7B
4/7/31 (duration) yrs. 6 mos. ds.
CONTRIBUTORY Anemia & cardiac failure
(SECONDARY) (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
Autopsy
(Signed) H. Daugherty M. D.
6/17 1931 (Address) 906 Med. Arts Bldg. K.C. 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 Nevada, Missouri DATE OF BURIAL 6-18 1931

20. UNDERTAKER Stive + M. Clure ADDRESS 3275 William Place

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.

Medical Units 122dq.

Va 3243