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.

37672

File No. 4538

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 1001 Penn Street St. Ward)

2. FULL NAME Mrs. Lura G. Coon

(a) Residence, No. 1001 Penn Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27th. 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER

13. NAME Hugh Kesterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Mary Goodrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs. Delia Purdy Harris Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harris Mo. DATE Nov. 12th. 1931

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED 11-12- 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1931, to Nov. 11, 1931

I last saw her alive on Nov. 11, 1931. Death is said to have occurred on the date stated above, at 8.45 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Date of onset: Short Known

Other contributory causes of importance: Hemorrhage from intestine

Name of operation Hysterectomy Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. M. Frankenburger, M. D.

(Address) 824 Rialto Bldg.

Ma 3154.