

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

Do not use this space.

12628

1. PLACE OF DEATH **JACKSON** 382
 County **Kaw** Registration District No. **1000**
 Township **Kansas City** Primary Registration District No. **1000**
 City **Kansas City** (No. **5**) **Evangelical Hospital** St. _____ Ward _____

2. FULL NAME **Mrs. Lillie Meek**
 (a) Residence, No. **512 East 26th Street**, **3** Ward. _____
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feby 19, 1884**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Household 195**

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

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) **Chio**

13. NAME **Andrew Ritter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Christine Heibling**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Froscheb**
 (ADDRESS) **514 East 26th St. K.C. Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Elmwood** DATE **4/14/32**

19. UNDERTAKER **Melody McGilley**
 (ADDRESS) _____

20. FILED **Apr 13 1932** **M. Croone**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11 - 1932**

22. I HEREBY CERTIFY, that I attended deceased from **April 8 1932** to **April 11 1932**
 I last saw him alive on **April 11 1932** Death is said to have occurred on the date stated above, at **6:45 a.m.**
 The principal cause of death and related causes of importance were as follows:
Cultured appendicitis with perforation of appendix - 1932
Chronic hepatitis
 Date of onset **26-28-1932**
 Other contributory causes of importance **Chronic hepatitis**
Drainage of appendiceal abscess
 Name of operation _____ Date of _____
 What test confirmed diagnosis? **Post mortem** 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 **(1)**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **Henry Paul**, M. D.
 (Address) **209 E. 13th St. K.C.**

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.

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