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.

19692

1. PLACE OF DEATH
County JACKSON — Registration District No. 39
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 2721, HARRISON St. Ward)

File No.
Registered No. 2502

2. FULL NAME LAWRENCE RICHARD LEDOUX
(a) Residence, No. 2721 HARRISON St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER-15-1889
7. AGE: YEARS 44 | MONTHS 9 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CONTRACTING ADVANCE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AGENT OF CIRCUS
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 25 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~CHICAGO~~ OSAGE CITY ~~ILLINOIS~~ KANSAS 2

FATHER
13. NAME SIMEON LEDOUX
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELGIUM 4

MOTHER
15. MAIDEN NAME FRANCIA DE BAUGE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE 9

17. INFORMANT (ADDRESS) MISS FRANCES JEAN HUMBER 2721 HARRISON ST
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE-27 1932
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111-EAST 9TH ST
20. FILED June 24, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

9

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-24, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to June 24, 1932
I last saw him alive on June 23, 1932 Death is said to have occurred on the date stated above, at 3:15A m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach and omentum.
46B
46G 46B ①
Other contributory causes of importance: ascites
Date of onset: Comentum

Name of operation Caecostomy tissue removed Date of 5-14-32.
What test confirmed diagnosis? section 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) Helen A. Williams, M. D.
(Address) 806 Professional Bldg.

806 Professional Bldg.
9:30 - 3:30