

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

Do not use this space.

29252
3425

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. 5824, Holmes) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Mrs. Catherine May Lawrance

(a) Residence, No. 5824 Holmes St. 8 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 Van V. Lawrance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Pennsylvania

13. NAME S. H. Slifer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 310

15. MAIDEN NAME Margaret (?)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Don S. Lawrance, 7236 Madison, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Sept. 12, 1932

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City - Kansas.

20. FILED 9/10 1932 M. W. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9th - 1932.

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932 to Sept 9, 1932

I last saw him alive on Sept 9, 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows: Diabetes chronic Date of onset _____

Embolism of femoral artery
220
220
220
 Other contributory causes of importance: _____
 Name of operation _____ 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 _____

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? _____ If so, specify _____

(Signed) R. Blaffer M. D.
 (Address) 1103 Grand

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.

WHILE IN THE PAST WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Ralph M. Corley
Professional Building

1:00 - 4:30