

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

Do not use this space.

29468

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2642
St. _____ Ward _____

2. FULL NAME MRS. LUCILLE JEANETTE ERDMAN

(a) Residence, No. 7146 MEGEE 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. 8 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF ERVIN H. ERDMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 24 1884
7. AGE YEARS 46 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. min.

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) MISSOURI

13. NAME JOHN F. BRANSTETER

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

15. MAIDEN NAME AMANDA E. LYONS

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

17. INFORMANT MR. ERVIN H. ERDMAN (ADDRESS) 7146 MEGEE ST

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE SEPT-28 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9/27 32 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24th 32 to Sept 26th 32, 1932.
I last saw her alive on Sept 26th 32, 1932. Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Uræmia
Chronic nephritis and cystitis
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) James D. Smith M. D.
(Address) 607 Argyle Bldg.

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.

6/02 Argyle bedg.

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