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.

35790

1. PLACE OF DEATH

County Jackson — Registration District No. 389 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4298

City Kansas (No. St. Mary's Hospital St. Ward)

2. FULL NAME JANE LILLIBRIDGE Bridge

(a) Residence, No. 3320 Baltimore St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 9, 1880

7. AGE: YEARS 52 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 31

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): Indiana 2

FATHER

13. NAME: E. D. Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Sussana France

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Chas E Owens, Corvallis, Oregon

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Brazil Ind DATE 11-16, 1932

19. UNDERTAKER (ADDRESS): Stiner & McClure Mud Co, 3285 Gillham Plaza

20. FILED Nov 16, 1932 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at A. m. 10:15

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

Cerebral Hemorrhage — Date of onset

80 W
100 — 82 W

Other contributory causes of importance:

Hypertension (5)

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) [signature], M. D.

(Address) Coroner