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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 35936
Township KAW — Primary Registration District No. 1008 — Registered No. 4436
City KANSAS CITY (No. 2907, TRACY St. ..... Ward)

2. FULL NAME MISS LORENE S. RISK
(a) Residence, No. 2907-TRACY 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 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-16-1908
7. AGE: YEARS 24 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) WESTON (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME BENJAMIN RISK
14. BIRTHPLACE (CITY OR TOWN) WESTON (STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME LENA SYNAMON
16. BIRTHPLACE (CITY OR TOWN) PLATT CITY (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. LENA RISK (ADDRESS) 2907-TRACY AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE WESTON, MISSOURI DATE NOVEMBER-30, 1932
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI
20. FILED Nov. 29, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-28 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Nov. 27, 1932
I last saw her alive on Nov. 27, 1932 Death is said to have occurred on the date stated above, at 3:55 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	1930
97A	
87B	
92A	
Other contributory causes of importance:	
Chorea (1)	1919

Name of operation none Date of
What test confirmed diagnosis? Physical findings 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) Harry C. Lapp, M. D.
(Address) 1314 Professional 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.

V. S. No. 2

1314 Professional Bldg
2-5