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.

39668

File No. 4674

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 4280 East 61st St. Ward)

2. FULL NAME Caldonia Missouri Lenox

(a) Residence, No. 4280 East 61st St., 16 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. H. Lenox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21, 1851

7. AGE: Years 81 — Months 4 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Henry Pettus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER

15. MAIDEN NAME: Mary Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT (ADDRESS): Mrs. Bert Hooker, 4280 East 61st St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seligman, Mo DATE Dec 10, 1932

19. UNDERTAKER (ADDRESS): Stone & McClure, 3235 Gillham Plaza

20. FILED 12-10, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1932 to Dec. 9, 1932

I last saw her alive on Dec. 8, 1932. Death is said to have occurred on the date stated above, at A. m. 10

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

Arterio Sclerosis
Chronic Nephritis
131
131

Date of onset: yrs. / yrs.

Other contributory causes of importance:
Cerebral Hemorrhage
Uraemia

Name of operation None — 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?

If so, specify

(Signed) Geo. Jones, M. D.

(Address) 807 Paseo