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

Do not use this space.

9607

1. PLACE OF DEATH
County Jackson — Registration District No. 989 — File No.
Township Kaw — Primary Registration District No. 0003 — Registered No. 1209
City Kansas City (No. 1617 Harrison St. Ward)

2. FULL NAME Lena Grant
(a) Residence, No. 1617 Harrison St., 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 Fe
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1887
7. AGE YEARS 45 MONTHS 2 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93c
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe La

FATHER
13. NAME Abram Gaines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER
15. MAIDEN NAME Anna Gaines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

17. INFORMANT (ADDRESS) Ruth Washington 1617 Harrison
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bosco La DATE 3/13 1933
19. UNDERTAKER (ADDRESS) Watkins Bros Undt. Co. 1729 Lydia
20. FILED Mch 17 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Mar 7, 1933
I last saw her alive on 3/7, 1933 Death is said to have occurred on the date stated above, at 8:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Myocardial Degeneration	unknown
(2) Broncho-Pneumonia	2/9/33
(3) Toxemia	2/25/33

Other contributory causes of importance 93c

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no physical.

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) Lon. M. Tillman, M. D.
(Address) 1618 Lydia K.C. Mo

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N.B.—Every item of information should be carefully supplied. NOTE should be taken that the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.