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

Do not use this space.

85

28855

File No.

Registered No. 9[illegible]

1. PLACE OF DEATH

County Buchanan — Registration District No.

Township — Primary Registration District No. 1001

City St Joseph (No. St Joseph's Hospital St. Ward)

2. FULL NAME Baby Lorence

(a) Residence. No. 140 Park Lane 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. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	5	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER David Lorence

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brooklyn
(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER Lucile Little

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Ill

14. INFORMANT David Lorence
(Address) 140 Park Lane

15. FILED 9-29, 1933 John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1933, to to Sept 29, 1933, that I last saw h. alive on Sept. 29, 1933, and that death occurred, on the date stated above, at 9:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
right lung
108
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Winston T. Stacey, M. D
9/29, 1933 (Address) Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Chicago Ill	Sept 30 33
20. UNDERTAKER	**ADDRESS**
Fleeman Mortuary Inc	1946 Colhoun

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.