

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

Do not use this space.

36472

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.E.M. (No. 129 N. Lawn)

Registration District No. 389
Primary Registration District No. 1007

File No. _____
Registered No. 4387
St. _____ Ward _____

2. FULL NAME

Ida A. French
(a) Residence, No. 129 North Lawn 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James N. French</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-6-1866</u>		
7. AGE YEARS <u>67</u>	MONTHS	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
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) <u>May-53</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Linsley, Mo.

13. NAME
Calvin M. Lellan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill.

15. MAIDEN NAME
Urban

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

17. INFORMANT (ADDRESS)
John J. French 129 North Lawn

18. BURIAL, CREMATION, OR REMOVAL PLACE
McLouth Kansas DATE Nov 9 1933

19. UNDERTAKER (ADDRESS)
Walter W. ... 1317 North 15th Kansas City Mo

20. FILED Nov 9 1933 M.M. Corone Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1933 to _____, 19____

I last saw h.e.r. alive on 9-20 1933 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Cancer Stomach
Starvation
W.B.H.
Other contributory causes of importance:
Starvation
Date of onset _____

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) Frank Herbert, M. D.
(Address) 1025 Lincoln Bldg. Kans. City, Mo.

Saw her once only (9-20-33) EH

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.

JAN 8 1934

22
2
2
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OCCUPATION
MOTHER
FATHER

