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.

MAR 24 1934

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. 5252
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSAS CITY (No. RESEARCH HOSPITAL St. 983 Ward)

2. FULL NAME MRS. LETHA LIND CARMAN
(a) Residence, No. ALADDIN HOTEL - 1213 WYANDOTTE Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 49 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 CHARLES H. CARMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-11-1884
7. AGE: YEARS 49 ~~50~~ — MONTHS 2 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. APARTMENT MANAGER
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) OCTOBER-1933
11. Total time (years) spent in this occupation 18

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

FATHER
13. NAME WILLIAM LIND
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

MOTHER
15. MAIDEN NAME JULIA STEVENSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

17. INFORMANT MR. CHARLES H. CARMAN
(ADDRESS) ALADDIN HOTEL - 1213 WYANDOTTE
18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE March 2, 1934
19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI
20. FILED 3-2 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 28 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to Feb. 28, 1934
I last saw her alive on Feb. 28, 1934. Death is said to have occurred on the date stated above, at 9:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor,	
Glioma (Malignant)	Aug. 1933

Other contributory causes of importance

Name of operation Craniotomy-Cerebral Exploration Date of Feb. 27, 1934
What test confirmed diagnosis? Oper Was there an autopsy? Yes

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 R Teachenor, M. D.
(Address) 1002 Argyle Building

1002 Argyle Bldg. 00024
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