

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.

WHILE I LIVE; WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 25 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. 8000
Township West Primary Registration District No. 8000
City Kansas City (No. 3450, Flora Ave.)

File No. 13054
Registered No. 1305
St. 8000 Ward 8000

2. FULL NAME

Lottie Hayes

(a) Residence, No. 3150 Flora Ave. St. 4 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>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5 1881</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>11</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General housework</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12 1934 to April 20 1934
I last saw him alive on April 20 1934. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic
Insufficiency
Other contributory causes of importance:
92A Am

Name of operation Phys Exam Date of 4/20/34
What test confirmed diagnosis Phys Exam 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 4/20/34, 1934
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
Nature of injury Arterio-sclerotic

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) L. W. Booker, M. D.
(Address) 2028 Vermont

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamaica West Indies</u>
	13. NAME <u>Geo. Williams</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Indies</u>
	15. MAIDEN NAME <u>Lucy Usenwell</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Indies</u>
	17. INFORMANT (ADDRESS) <u>Sallie Moore 2450 Flora</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cemetery</u> DATE <u>4/23/34</u>	
19. UNDERTAKER <u>C. W. Countess & Son</u> (ADDRESS) <u>City</u>	
20. FILED <u>Apr 23 1934</u> <u>M. Crowe</u> Registrar	

OCCUPATION 2
FATHER 30
MOTHER 30

