

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

Do not use this space.

20557

1. PLACE OF DEATH

County Jackson
Township Ray
City Kansas City, Mo. (No. 3644 Brooklyn)

Registration District No. 399
Primary Registration District No. 1002

File No. 20557
Registered No. 20557
St. _____ Ward _____

2. FULL NAME Mrs. Elizabeth M. Lake

(a) Residence, No. 3644 Brooklyn 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1857

7. AGE YEARS 76 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 13. NAME Clark Morrow

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

15. MAIDEN NAME Mary Andrews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT W.S. Lake
(ADDRESS) 3644 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham, Mo. DATE _____ 19

19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 6/20 1937 M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20-34 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to June 20, 1937

I last saw her alive on June 20, 1937 Death is said to have occurred on the date stated above, at 5:45 AM

The principal cause of death and related causes of importance were as follows:

Heart Block Date of onset _____
93C
45A 93C
Other contributory causes of importance:
Chronic Nephritis
Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy 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? _____
If so, specify _____
(Signed) M. Brown, M. D.
(Address) 333 1/2

