

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.

OCT 12 1934

OCT 17 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  
Township WAVE Primary Registration District No. 100  
City Kansas City (No. 5734 Montgall Ward)

File No. 32788  
Registered No. 1122  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Lillian F. Hisey

(a) Residence, No. 5734 Montgall Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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 Frank Hisey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 10 9 days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) \_\_\_\_\_

13. NAME C. B. Zeek

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

15. MAIDEN NAME Mary E. Weeks

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

17. INFORMANT Mr. Frank Hisey (ADDRESS) 5734 Montgall Ave K. C. MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9/8/34 19

19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City, Missouri

20. FILED 9-7-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1934

22. I HEREBY CERTIFY, that I attended deceased from morning, 1934, to Sept 5, 1934

I last saw him alive on Sept 5, 1934 Death is said

to have occurred on the date stated above, at 4:35 P.M.

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

Uremia (Comp)  
Acute dilatation  
of heart  
131  
Other contributory causes of importance:  
Chro Int. Nephritis  
Hypertension

Name of operation no operation Date of \_\_\_\_\_

What test confirmed diagnosis? Lab test 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) W. F. Fisher M. D.

(Address) 916 1/2 W. 13th St

