

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

Do not use this space.

OCT 17 1934

32841

1. PLACE OF DEATH

County Jackson Registration District No. 397  
Township 2d Primary Registration District No. 1002  
City Sanborn City (No. 1905 E 36)

File No. \_\_\_\_\_  
Registered No. 4177  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1905 E 36 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF <u>Lawrence Lucott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-30-1869</u>		
7. AGE	YEARS	MONTHS
<u>1</u>	<u>66</u>	<u>11</u>
		DAYS
		<u>9 days</u>
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield</u>		
FATHER	13. NAME <u>John Wirthman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Wirthman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. E. D. Lucott</u> <u>1905 E. 36 St. K.C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Methodist Cem.</u> DATE <u>Sept 11 34</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. J. Hartman</u>		
20. FILED <u>9-11-34</u> <u>M. M. Crowe</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1934 to Sept 9 1934  
I last saw her alive on Sept 9 1934. Death is said to have occurred on the date stated above, at 6:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 10-8-20  
Arterio Sclerosis 15 yrs.  
Hypertension

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) Milton B. Caschelt, M. D.  
(Address) 1207 North Bldg. K.C. Mo

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.

