

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.

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

Do not use this space.

OCT 17 1934

32923

1. PLACE OF DEATH  
 County Jackson Registration District No. 389  
 Township Barv Primary Registration District No. 1003  
 City Kansas City No. 1205 Lydia St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 4251

2. FULL NAME Lucy Oliver  
 (a) Residence, No. 1226 Passes St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
 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) Homer La.

MOTHER FATHER 13. NAME Tom Roberts  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Homer La.  
 15. MAIDEN NAME Mary Legend  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Handsville

17. INFORMANT Mrs. Moore (sister)  
 (ADDRESS) 1013 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Sept. 20, 1934

19. UNDERTAKER Adkins Bros.  
 (ADDRESS) 2000 E. 12th

20. FILED 9-19- 1934 M. M. Cerow  
Asst Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-34

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Deputy Brown  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion (Fibrotic) Date of onset \_\_\_\_\_  
Chronic fibrous myocarditis  
 Other contributory causes of importance:  
None

Name of operation Autopsy Date of \_\_\_\_\_ 9-17-34  
 What test confirmed diagnosis? Autopsy 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) Lucian T. Richardson, M. D.  
 (Address) 1832 1/2 mile

