

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

Do not use this space.

FEB 19 1935

1205

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township Amos

Primary Registration District No. 1007

Registered No. 71

City Kansas City, Mo.

Research Hospital

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2809 Lockridge 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Babe

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

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

None

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) Kansas City, Mo.

13. NAME Ransom J. Lucas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Neb.

15. MAIDEN NAME Mary Bolinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas

17. INFORMANT Ransom J. Lucas (ADDRESS) 2809 Lockridge

18. BURNED, CREMATED, OR BURIED Research Laboratory DATE 1-1-35

19. UNDERTAKER (ADDRESS) _____

20. FILED Jan 7, 1935 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1935

22. I HEREBY CERTIFY that I attended deceased from Dec 26, 1934 to January 1, 1935

I last saw her alive on December 31, 1934. Death is said

to have occurred on the date stated above, at 9 A. M.

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

Septicæ Perforation of Cecum - General Peritonitis

Date of onset 12/28/34

Other contributory causes of importance:

Operative source birth defect of stool since birth

Name of operation _____ Date of _____

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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify DD E. Leonard (Signed) _____, M. D.

(Address) 4800 E 24th St.

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.

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