

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

Do not use this space.

FEB 19 1935

**1. PLACE OF DEATH**

County Jackson  
Township Jaw  
City Kansas City (No. 1325 line)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1578  
Registered No. 444  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1325 line 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 1877</u>                                 |                                  |  |
| 7. AGE  | YEARS                            | MONTHS   |
|   | <u>57</u>                        | <u>4</u>   |
|   |                                  | DAYS   |
|   |                                  | <u>-</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. |                                  | 11. Total time (years) spent in this occupation                            |
| <u>Laundress</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)                           |                                  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-35

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Jan 25, 1935.  
I last saw her alive on Jan 24, 1935. Death is said to have occurred on the date stated above at 4:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Uterine Fibroid  
(non-malignant)  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Excites 5 1/2

Name of operation rem Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. W. Allbright, M. D.  
(Address) Kansas City, Mo.

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

FATHER

13. NAME Simon Lee

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

MOTHER

15. MAIDEN NAME Nancy Robinson

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

17. INFORMANT Mellie Lee  
(ADDRESS) 1325 line

18. BURIAL-CREATION, OR REMOVAL  
PLACE Hestlawn DATE Jan. 20 1935

19. UNDERTAKER Starkins Bros  
(ADDRESS) 729 Lydia

20. FILED 1-29, 1935 J. W. Allbright  
Registrar.

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.

Albertain, 12th + Broadway.