

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.

MAR 20 1935

5294

1. PLACE OF DEATH

County JACKSON Registration District No. 300
 Township RAW Primary Registration District No. 2738
 City KANSAS CITY (No. 2738) BROOKLYN St. 502 Ward

2. FULL NAME MRS. JULIA V. LIND

(a) Residence, No. 2738-13 BROOKLYN St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-15-1859

7. AGE YEARS 75 MONTHS 8 DAYS 21 IF LESS than 1 day,hrs. ormin.

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) PARKVILLE (STATE OR COUNTRY) MISSOURI

13. NAME HUGH A. STEPHENSON

14. BIRTHPLACE (CITY OR TOWN) AKRON (STATE OR COUNTRY) OHIO

15. MAIDEN NAME AMANDA ROLLINS

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

17. INFORMANT MRS. MILDRED DOWNS (ADDRESS) BARTLESVILLE, OKLAHOMA

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE FEBRUARY 8, 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9th ST.

20. FILED 7/6 1935 M.M. Crow, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1934, to 2-5, 1935.
 I last saw her alive on 2-5, 1935. Death is said to have occurred on the date stated above, at 11:15 P.m.

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

Pulmonary oedema Date of onset 2-4-35

Other contributory causes of importance: hyp injury 12-26-34
Chronic uremia

Name of operation 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? acc Date of injury 1-26, 1934

Where did injury occur? 2738 Brooklyn (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall in bathroom (slipped)

Nature of injury undetermined

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Carl J. Dwyer, M. D.

(Address) 202 East 10th St.,

626 Lathrop Bldg

10:30-12