

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

Do not use this space.

MAY 27 1935

12685

1. PLACE OF DEATH

County Jackson
Township Fort Osage
City Jake City (No., St. Ward)

Registration District No. 996
Primary Registration District No. 5357

File No.
Registered No. 7

2. FULL NAME

Mary Lord

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED Bert Lord
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>11</u>	<u>5</u>	

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

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) Smithville
(STATE OR COUNTRY) Missouri

13. NAME Authnile Green

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

15. MAIDEN NAME Elizabeth Roach

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

17. INFORMANT Mrs. Laura Robertson
(ADDRESS) North Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner DATE April 12, 1935

19. UNDERTAKER Vernon M. Reppert
(ADDRESS) Buckner, Missouri

20. FILED 5-10 1935 H. Hammer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/35 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to April 1, 1935

I last saw him alive on April 9, 1935 Death is said to have occurred on the date stated above, 5:00 P.M.

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

nephritic Chemist Industrial

Date of onset

About May 24

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Cholera Was there an autopsy? by

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) H. Hammer, M. D.
(Address) Buckner Mo

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.

22
23
24

1972-1973
1974-1975
1976-1977

1978-1979

1980-1981
1982-1983
1984-1985

1986-1987

1988-1989
1990-1991
1992-1993

1994-1995

1996-1997

1998-1999

2000-2001

2002-2003

2004-2005

2006-2007

2008-2009

2010-2011
2012-2013

2014-2015

2016-2017