

MAY 24 1935

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

Do not use this space.

13095

## 1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. \_\_\_\_\_  
Township Ram Primary Registration District No. 2002 Registered No. 2713  
City K. C. Mo. (No. Trinity Lutheran Hos St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Lucas Effie Hendrix

(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 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
35 1 25

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

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) Ray Co. Mo.

13. NAME J. F. M. Robbins

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

15. MAIDEN NAME Martha Seitz

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

17. INFORMANT Ira Hendrix  
(ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 4/29/35 19.

19. UNDERTAKER C. M. Goiner  
(ADDRESS) Richmond Mo

20. FILED 4-28 1935 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25/35, 1935, to 4/27/35, 19...

I last saw her alive on 4/27/35, 19... Death is said

to have occurred on the date stated above, at 7:15 P.m.

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

Generalized peritonitis and Acute gangrenous appendicitis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Appendectomy Date of 4/25/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (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) Dr. George Naberq, M. D.

(Address) Kansas City 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.

