

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.

AGE 20 1935

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

Do not use this space.

23289

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. St. Luke's Hospital)

File No. \_\_\_\_\_  
Registered No. 5192 (Ward) \_\_\_\_\_

2. FULL NAME

Lydia M. White

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Warsaw, Missouri  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. M. White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 20, 1880</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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) _____ 11. Total time (years) spent in this occupation _____

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

MOTHER FATHER 13. NAME Major Henry Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

15. MAIDEN NAME Lizzie Collon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT (ADDRESS) B. M. White, Warsaw, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, Mo DATE July 30, 1935

19. UNDERTAKER (ADDRESS) Shine & McCreary, 323 S. 5th St., Kansas City, Mo

20. FILED July 30, 1935 Registrar. W. M. Corone

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/20/35, 19, to 7/29/35, 19.

I last saw her alive on 7/29/35, 19. Death is said to have occurred on the date stated above, at P. m. 9:45

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

Acute Sup. Appendicitis

Date of onset

4 da

Other contributory causes of importance:

Supp

Name of operation Appendectomy Date of 7/20/35

What test confirmed diagnosis? op. int. 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify Appendicitis (Signed) \_\_\_\_\_, M. D.

(Address) 1500 Prof. Budy

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DMR 8 1972