

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.

MAY 19 1936

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

Do not use this space.

9773

1. PLACE OF DEATH

County Clay Registration District No. 197
Township W. 1st Primary Registration District No. 5276A
City No. Kansas City, Mo. (No. Home St. Home Ward)

2. FULL NAME

(a) Residence, No. Lillie May Deek Ward. (If nonresident, give city or town and State)
No. Kansas City, Mo.
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Perry Lee Deek
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 14

OCCUPATION 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) (STATE OR COUNTRY) Tenn

MOTHER 13. NAME Er. Wells

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

15. MAIDEN NAME B. Stillland

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

17. INFORMANT Perry L. Deek
(ADDRESS) No. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE May 7, 1936

19. UNDERTAKER Morton Funeral Home
(ADDRESS) No. Kansas City, Mo.

20. FILED Apr. 11, 1936 Viola C. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 / 17 / 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1936, to Mar 14, 1936
I last saw her alive on Mar 14, 1936 Death is said to have occurred on the date stated above, at 5.0 m.
The principal cause of death and related causes of importance were as follows:

Date of onset Brucella pneumonia
Other contributory causes of importance 107

Name of operation _____ Date of _____
What test confirmed diagnosis? dash Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. H. [unclear] M. D.
(Address) 1111 [unclear]

NOV 18 1967