

APR 23 1936

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

Do not use this space.

10683

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Research Hospital)

File No. _____
Registered No. 1551
St. _____ Ward _____

2. FULL NAME

Lucy Boggess

(a) Residence, No. 421 W. 68th St., _____ Ward _____
(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. (If nonresident, give city or town and State)

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 James Boggess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 9 35

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

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) Ohio

13. NAME Wm. Hall

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

15. MAIDEN NAME Esta Hobart

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

17. INFORMANT J. H. Torrance
(ADDRESS) 421 West 68th St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cremation
PLACE Linwood Crematory DATE March 14, 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 3-13 1936 M. M. Crowe, cash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1936 to Mar 11, 1936

I last saw her alive on Mar 11, 1936 Death is said to have occurred on the date stated above, at 2:40 p.m.

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

Bilateral broncho pneumonia Date of onset Mar 7

Other contributory causes of importance:

Influenza Mar 4
Chr. adherent pericarditis 1915
Aortic stenosis 1915

Name of operation None Date of _____
What test confirmed diagnosis Physical Exam 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? no

If so, specify _____
(Signed) David B. Robinson M. D.
(Address) 928 P. Robinson Bldg.

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.

