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.

APR 23 1936

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

Do not use this space.

10723

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: ~~Kaw~~ — Primary Registration District No.: 1002

City: Kansas City (No. Research Hospital St. Ward)

File No.: 1602

Registered No.: 1093

2. FULL NAME: Mrs. Lula Wilson

(a) Residence, No. 1215 West 71st Terrace Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. F. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
43	2	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

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): Maryland

FATHER

13. NAME: John Kellner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Anna Fritz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT: Mr. C. F. Wilson
(ADDRESS): 1215 W. 71st Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Mar. 16, 1936

19. UNDERTAKER: Freeman Mortuary & Chapel
(ADDRESS): Kansas City, Missouri

20. FILED: Mar 15, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1936, to 3-13, 1936

I last saw her alive on 3-13, 1936. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

	Date of onset
Bilateral Effusion	
Lobar Pneumonia	3-5-36
108	

Other contributory causes of importance:
Influenza Cont. Operation
Hr. Fungus Cont. Mastectomy
Hr. Benign Cyst

Name of operation: Mastectomy Date of: 3-6-36

What test confirmed diagnosis? Was there an autopsy? Partial

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) [illegible], M. D.
(Address) [illegible]