

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

Do not use this space.
19662

JUN 17 1936

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 720 West 11th St.) St. Ward)

File No.
Registered No.

2. FULL NAME Lida Courtney

(a) Residence, No. 720 West 11th St. 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1867

7. AGE YEARS 68 MONTHS 11 DAYS 14 If LESS than 1 day, hrs. or min.

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) Lawrence Kansas

13. NAME George Reynolds

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

15. MAIDEN NAME Mary Fuller

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

17. INFORMANT (ADDRESS) None

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Kansas DATE May 30 1936

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED May 30 1936 M. M. Chew Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1936 19

22. I HEREBY CERTIFY that I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Coronaria of Arterio Date of onset

Other contributory causes of importance: W

Name of operation Autopsy Date of operation yes
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury..... 19.....

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. M. Chew Registrar. (Address) 20 West Linwood, M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

