

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

Do not use this space.

JUL 24 1936

22966

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. (No. St. Lukes Hospital)

File No. 2008
 Registered No. 2008
 St. _____ Ward)

2. FULL NAME Mrs. Lulu May Dailey

(a) Residence, No. 8130 Oak St. _____ Ward. Jackson Co Mo
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1936

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

22. HEREBY CERTIFY, That I attended deceased from Did not attend merely, 19...
 I last saw h. alive on Autopsy, 19... Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1895

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 1 11

Date of onset

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 _____

Primary Carcinoma of the Stomach 14x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

Other contributory causes of importance:
Diffuse Peritoneal Carcinomatosis 40

13. NAME Miller

Name of operation Gross Inspection Date of _____
 What test confirmed diagnosis? Yes Was there an autopsy Yes

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

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)

15. MAIDEN NAME Don't Know

Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Albert Dailey
 (ADDRESS) 8130 Oak

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE June 16 36

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) 3811 Broadway

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Heigo Okamoto, M. D.
 (Address) St. Lukes Hospital

20. FILED 6/17 36 M. M. Brown
 Registrar.

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.

WHILE LIVING, WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

Plum

100
100
100

100

100

100

100

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