

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.

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

Do not use this space.

JUL 24 1936

23148

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 6131 Main) St. _____ Ward _____

2. FULL NAME Lillie B. Launder
 (a) Residence, No. 6131 Main 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>3</u>	<u>13</u>	

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) North Carolina

13. NAME Nathan Branson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Martha J. McI

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

17. INFORMANT (ADDRESS) C. G. Launder
6131 Main St., Kansas City, Mo.

18. BURIAL PLACE Forest Hill Cemetery
Kansas City, Mo. DATE June 30, 1936

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

20. FILED 6/30 1936 M. M. Brown
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. HEREBY CERTIFY, That I attended deceased from 6/28/36, 19____, to 6/28/36, 19____
 I last saw her alive on 6/28/36, 19____. Death is said to have occurred on the date stated above, at _____ P. _____ m. 8:30
 The principal cause of death and related causes of importance were as follows:
Strangulated
At funeral home
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) Prof. Medy, M. D.
 (Address) 1500 Prof Medy

Date of onset
3 dr

Professional Bldg