

FEB 25 1937

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

Do not use this space.

1372

1. PLACE OF DEATH

4 County Jackson Registration District No. 399  
10 Township Kanawha Primary Registration District No. 1002  
9 City Kanawha (No. 2 C Gen Wash) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 153  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Lightfoot  
(a) Residence, No. 719 Bellefontaine Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 12-12-1936 to 1-9-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1879

I last saw him alive on 1-9-1937 Death is said to have occurred on the date stated above, at 2:50 a.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS 57 10 15 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Chronic ulcerative Colitis Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

10/20  
Other contributory causes of importance: Hypertatic Broncho-Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

13. NAME Wm H. Butler

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

15. MAIDEN NAME Jeanne Miller

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

17. INFORMANT Reverend Clerk (ADDRESS) 218 Broadway, Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington, Kan - 12/12/37

19. UNDERTAKER Mrs. C. J. Garter (ADDRESS) 218 Broadway, Kan

20. FILED Jan 11, 1937 M. M. Brown Registrar.

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) P. de M. M. M. M. D.  
(Address) 218 Broadway, Kan

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.

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