

FEB 25 1937

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

Do not use this space.

1740

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. La Salle Hotel) St. Ward

File No. Registered No. 2. FULL NAME Mrs. Lucille Schuler Patrick

(a) Residence, No. La Salle Hotel 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 4

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) Missouri13. NAME A. L. O. Schuler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Charles A. Patrick
(ADDRESS) La Salle Hotel, Kansas City, Mo.18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cem.
PLACE Kansas City, Mo. DATE Jan. 20, 193719. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza20. FILED Jan 29 1937 M. M. Crowe
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Jan 27, 1937

I last saw her alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Leucemia of lower secondary Date of onset Set 1

Other contributory causes of importance:
Primary carcinoma of left breast

Name of operation Breast amput. Date of
What test confirmed diagnosis biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
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? Yes
If so, specify

(Signed) H. M. Schuler, M. D.
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

