

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County **Jackson**
Township **Kaw**
City **Kansas City** (No. **1805 Jefferson St.**)

Registration District No. **399**
Primary Registration District No. **1002**

File No. **6211**
Registered No. **6211**
St. _____ Ward _____

2. FULL NAME

Mrs. Lillia Z. Stark

(a) Residence, No. **1805 Jefferson St.** St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred **5** 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

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1866				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
34	70	4	27	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Girls Hotel			
	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) Iowa				
FATHER	13. NAME John Elder			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know			
MOTHER	15. MAIDEN NAME Emma Jane Banta			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know			
17. INFORMANT (ADDRESS) Mrs. Lucy A. O'Dell 2438 Myrtle Avenue				
18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs Feb. 3, 1937				
19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Missouri				
20. FILED 27 1 1937 M. M. Brown Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 30, 1937**, to **same day**, 19____
I last saw him alive on **Jan 30**, 1937. Death is said to have occurred on the date stated above, at **2:30 A.M.**
The principal cause of death and related causes of importance were as follows:
**Sub acute Influenza
Sick about two weeks**
Date of onset _____

Other contributory causes of importance: **No**
Aortic Aneurysm
for several years

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

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? **NO**
If so, specify: _____
(Signed) **Mason G. Alderman**, M. D.
(Address) **721 Lathrop Bldg
Kansas City Mo**

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.

Lathrop Bag.

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