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 — Registration District No. 399 — File No. 6491
Township Kaw — Primary Registration District No. 1002 — Registered No. 380
City Kansas City, Mo. (No. 3321, Woodland St. Ward)

2. FULL NAME Lucy R. White
(a) Residence, No. 3316 Tracy 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7, 1854
7. AGE: 82 YEARS 8 MONTHS 7 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Kentucky

FATHER
13. NAME: Willis G. Hiatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Crook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): R. H. Hiatt, Independence, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Summit, Mo. DATE Feb. 17, 1937
19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway
20. FILED 2/16, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14, 1937
22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw her alive on ..... 19.... Death is said to have occurred on the date stated above, at 8:17 m. P.M.
The principal cause of death and related causes of importance were as follows:
Hypernephroma Left Kidney (Malignant)
Bronchopneumonia
Other contributory causes of importance:
Date of onset
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? .....
If so, specify .....
(Signed) Russell W. Kees, M. D.
(Address) [illegible]

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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