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.

22962

JUL 10 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. KC General Hosp St. Ward)

2. FULL NAME Lizette Bone
(a) Residence, No. 2523 Washington St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14-1881

7. AGE 2 35 — YEARS 56 — MONTHS 5 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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

8
8
31

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

FATHER
13. NAME Ernest Binne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Dora Shaeffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown

17. INFORMANT (ADDRESS) Nevada Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE June-29-37

19. UNDERTAKER (ADDRESS) Quick-Klein 20-Ur Linwood KC Mo

20. FILED 6/29 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1937 to 6-26, 1937
I last saw her alive on 6-26, 1937. Death is said to have occurred on the date stated above, at 7:02 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pyelonephritis	
133A	

Other contributory causes of importance:
Atrophic Arthritis of Knees, Hands + Elbows

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) P. F. De Maria, M. D.
(Address) Supt KC Gen Hosp KC Mo