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.

AUG 11 1937

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

Do not use this space.

26152

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5020 E 10 St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 2[illegible]5

2. FULL NAME Mary Eliza Lame
(a) Residence, No. 5020 E 10 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Lame
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1861
7. AGE YEARS 75 MONTHS 7 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Greenlea Stilts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Irene Canady
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Anna Thomas Leavenworth Kansas
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE July 3 1937
19. UNDERTAKER (ADDRESS) Mrs C L Forster 918 Brooklyn
20. FILED July 3 1937 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 30 1937, to July 1st 1937
I last saw her alive on July 1st 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/29/37
Respiratory Paralysis	

Other contributory causes of importance: Chronic Interstitial Nephritis - Arteriosclerosis Cardiac hypertrophy

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury ....., 19....
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Chas. L. Perry, M. D.
(Address) 900 Benton Blvd

call 2: AJM
900 Benton