SEP 21 1937

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

Do not use this space.

29829

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. K C Gen Hosp St. Ward)

2. FULL NAME Lillie Harris
(a) Residence, No. 1616 White St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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: Frank Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22 '19
7. AGE: 35 — YEARS: 18 18 — MONTHS: 4 — DAYS: 26 — 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manford Okla

FATHER
13. NAME: Beth Burt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: Mary McGilliam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT (ADDRESS): Record Clerk K C Gen Hospt K C Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenlawn Cmt DATE: Aug-21-37
19. UNDERTAKER (ADDRESS): Quick-Tobin Linwood-Main
20. FILED: Aug 20 1937 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-18, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to 8-18, 1937
I last saw her alive on 8-18, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Eosinophilic | |
| Myelogenous Leukemia | |

Other contributory causes of importance:

72h

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: 1
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 K C Gen Hosp K C Mo

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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