

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.

SEP 21 1937

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

Do not use this space.

29856

1. PLACE OF DEATH

County Jackson  
Township Kang  
City Research Hospital

Registration District No. 399  
Primary Registration District No. 1009

File No. \_\_\_\_\_  
Registered No. 3400  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. James G. Lott  
(Usual place of abode) Liberty, Mo. Ward \_\_\_\_\_

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Marjorie Lott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>
	DAYS <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>50</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>For self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>4 mo Clinton Mo.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>		
FATHER	13. NAME <u>William</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>	
MOTHER	15. MAIDEN NAME <u>William</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo.</u>	
17. INFORMANT (ADDRESS) <u>Edwin H. Lott, 4040 Maple-Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First, Liberty Mo. DATE 8/25/37</u>		
19. UNDERTAKER (ADDRESS) <u>Charles Archer, Liberty Mo.</u>		
20. FILED <u>Aug 23, 1937</u> <u>M. M. Crowe, asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1937, to Aug 23, 1937  
I last saw him alive on Aug 22, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinomatous metastases (Abdomen involved) Not known  
Primary not yet determined  
Other contributory causes of importance: 53

Name of operation Exploratory Lap. Date of Aug 18, 1937  
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) Wm. H. Goodson, M. D.  
(Address) Liberty Mo.

Handwritten notes, possibly including a signature and some illegible text.

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