SEP 21 1937

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

Do not use this space.

File No. 29919

Registered No. 3755

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. St. Mary's Hospital St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Mrs. Lavenia Dent Cordry

(a) Residence, No. 805 Elmwood 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Harold V. Cordry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	7	22	

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) Missouri

FATHER

13. NAME Wm. F. Lowry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Dr. Harold V. Cordry
(ADDRESS) 805 Elmwood

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park Cem.
PLACE Kansas City, Mo. DATE August 28, 1937

19. UNDERTAKER Stipe & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Aug 28, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1937, to Aug. 26, 1937

I last saw h. alive on Aug. 26, 1937 Death is said to have occurred on the date stated above, at P. m. 10:35

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
10 hr	

Other contributory causes of importance:

Bronchopneumonia	

Name of operation Date of

What test confirmed diagnosis? 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) Harry K. Cohen M. D.

(Address) 1618 Professional Bldg.

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.

Ha 0667

J.K. Cohen. Prob

Li 1438

Grocery Val 9171

Office Har. 0667 / 154