

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.

OCT 19 1937 2

33424

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Paris Primary Registration District No. 100
 City Kansas City (No. 5832 Montzall) St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Lillian Mary Lightner
 (a) Residence, No. 5832 Montzall Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-37 19____
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw _____, 19____. Death is said to have occurred on the date stated above, at 9:20 p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 1 28

Coronary Thrombosis
acute myocardial infarction
930
 Date of onset _____

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) 9/23/37
 11. Total time (years) spent in this occupation All

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Council Bluffs Iowa

MOTHER FATHER
 13. NAME James Brewster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Londonerry Ireland
 15. MAIDEN NAME Eugene Buchanan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sharon Pa

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

17. INFORMANT (ADDRESS) Ray L Lightner 5832 Montzall

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. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Emwood, Ill. Birmingham, Ala. DATE Sept 27, 1937

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER (ADDRESS) Sidelund Buchanan 6900 Mount Leona

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) Russell W. Brown M. D.
 (Address) _____

20. FILED 9/25 1937 M. M. Brown Registrar.

