NOV 18 1937

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

Do not use this space.

File No. 36560

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — Primary Registration District No.: 1002

Township: Kaw

City: Kansas City (No. 2537 Troost St. Ward)

2. FULL NAME Miss Lillian J. Halle

(a) Residence, No. 2537 Troost 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	DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Guy ADKIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 8-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. APT. HOUSE MGR.

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) LEAVENWORTH KANSAS

FATHER

13. NAME JAMES E. HALLE

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) SILVER HALLE 2537 TROOST

18. BURIAL, CREMATION, OR REMOVAL PLACE LEAVENWORTH, KS. DATE OCT. 4 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED Oct 4 1937 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936, to Oct 2, 1937

I last saw her alive on Oct 2, 1937 Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Diabetic coma — Date of onset Oct 25 36

59

Other contributory causes of importance:

Interstitial nephritis, diabetes mellitus

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? No

If so, specify

(Signed) [illegible], M. D.

(Address) 127 Prospect

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.

0/12 th of Prospect
Ch 3670
Ch 1922
Vineyard Park