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.

G. J. Russell
141 Parkwood

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

JAN 17 1938

Do not use this space.

44210

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5113
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kans City Mo. No. 1000 Campbell St. Ward)

2. FULL NAME Lillie Harris
(a) Residence, No. 1000 Champbell 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 F
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesley Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 23, 1893
7. AGE YEARS 44 MONTHS 2 DAYS 23 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. At Home
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) Miss.

FATHER
13. NAME Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lillie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wesley Harris 1000 Champbell
18. BURIAL, CREMATION, OR REMOVAL
PLACE Westlawn DATE Dec. 20 1937
19. UNDERTAKER (ADDRESS) Nathan W. Thatcher 1520 N. 5 St.
20. FILED Dec 20, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16th, 1937 to Dec. 16th., 1937
I last saw her alive on Dec. 16th., 1937 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage on brain — Date of onset Dec 14 1937

82 a

Other contributory causes of importance:
Arterio-sclerosis.

Name of operation none Date of
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) G. J. Russell M. D.
(Address) 640 Kansas Av. Kansas Cy Kansas.