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.

File No. 3042

Registered No. 76 73

1. PLACE OF DEATH

County Jackson 48 Registration District No. 404

Township Washington 48 Primary Registration District No. 5558

City ~~Kansas City, Mo.~~ (No. 8113 Highland St. Ward)

2. FULL NAME Mrs. Lottie Kirby 610

(a) Residence, No. 8113 Highland 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 George T. Kirby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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 1

FATHER

13. NAME David Schull 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Martha Nicholson

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

17. INFORMANT George T. Kirby
(ADDRESS) 8113 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Jan. 3d, 1938

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Jan. 1st, 1938 R. V. Lindsey & Sons
By Rosalie N. Keele, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 A.M.

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

	Date of onset
Acute Coronary Thrombosis	

Other contributory causes of importance:

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) Russell W. Jones, M. D.

366 (Address) .....

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