

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

9627
Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 7115 Penn Registered No. 1092 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Lillian Calby 410
 (a) Residence, No. 7115 Penn (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>68</u>	<u>2</u>	<u>21</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as 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) Cincinnati Ohio

FATHER

13. NAME George W. Calby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass

MOTHER

15. MAIDEN NAME Sarantha Kendall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

17. INFORMANT (ADDRESS) James D. Capron 7115 Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Cincinnati Ohio DATE Mar. 11, 1938

19. FUNERAL DIRECTOR (ADDRESS) Dwnewcomer's Sons Brushcreek & Peace

20. FILED Mch 10, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1938, to March 9, 1938

I last saw her alive on March 9, 1938. Death is said to have occurred on the date stated above, at 12:40 P.M.

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

Broncho pneumonia

107a

Other contributory causes of importance:

Acute Bronchitis
Bronchial Asthma
Pulmonary Emphysema

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) Carl P. Ferris M. D.
 (Address) 934 Argyle Bldg
Kansas City, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Nell Carr, Licensed Embalmer No. 3976

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Edward M. Stoney
L. E.

No. 1173 Roman or by ~~Edward M. Stoney~~, Registered Apprentice No. ~~793~~

working under my personal supervision.

Signed Nell Carr
Licensed Embalmer No. 3976

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)