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.

REC'D JUN 9 1938

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

Do not use this space.

17208

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2641, Forest St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1905

2. FULL NAME Nellie Lampe 510
(a) Residence, No. 2641 Forest St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Guss Lampe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE About 80 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

FATHER
13. NAME Unknown 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

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

17. INFORMANT (ADDRESS) Wm Mahoney May 6-1938 717 S Bache

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Marys DATE May 6 1938

19. UNDERTAKER (ADDRESS) Daniels Brae 1536-38 Minn Av

20. FILED May 6 1938 Dr. Dr. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934, to May 5, 1938
I last saw her alive on Mar 21, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ?

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Other contributory causes of importance:
Generalized Arteriosclerosis ?
Senility

Name of operation — Date of
What test confirmed diagnosis? — 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?
If so, specify No
(Signed) E S Miller, M. D.
(Address) 1441 So 33
Kansas City Kan