

REC'D JUN 9 1938 MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 17483

Township Kaw

Primary Registration District No. 1002

Registered No. 2180

City Kansas City, Mo.

(No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Mrs. Lura Edith Armstrong 652

(a) Residence, No. 2207 Hardesty 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morgan Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1879

7. AGE YEARS 59 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

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.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Chas. Dneher

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

15. MAIDEN NAME Sarah E. Grehr

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

17. INFORMANT Morgan Armstrong, (ADDRESS) 2207 Hardesty, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 28, 38

19. UNDERTAKER C. H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED May 28, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1938, to May 27th, 1938

I last saw her alive on May 26, 1938 Death is said to have occurred on the date stated above, at 2:45 a.m.

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

Carcinoma of Right Kidney Secondary carcinoma of peritoneum - liver, heart wall and lung 53

Other contributory causes of importance: Stomach neoplasm

Name of operation nephrectomy Date of 5/17/38
What test confirmed diagnosis? lab. 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) W. A. Simble, M. D.
(Address) 836 Prof. Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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