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.

REC'D JUN 9 1938

File No. 17500

Registered No. 2198

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: KC Mo (No. 3443 Montgall St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Lillie M. Ferrel
(a) Residence, No. 3443 Montgall 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: Fe
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: Charles J. Ferrel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29-1870

7. AGE: Years 67 | Months 10 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: John E. Hudson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER
15. MAIDEN NAME: Mary Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Harold Ottley

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Platte City Mo DATE: 5/30 1938

19. UNDERTAKER (ADDRESS): Bergman Funeral Home

20. FILED: May 29, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-28-1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1938, to May 28, 1938
I last saw her alive on May 28, 1938. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/20/38

Other contributory causes of importance:
Arteria Sclerosis

Name of operation: None Date of:
What test confirmed diagnosis: Clinic Was there an autopsy? No

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) Marell Anderson D.O., M. D.
(Address) Gilbert Bldg.

Dr Mabel Gundersen
Student Bldg.
or Lake Side Hospital
Hi-8082 --