

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

Do not use this space.

21009

REC'D JUL 12 1938

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City Kansas City (No. Genl Hosp No. 2)

Registration District No. 399  
 Primary Registration District No. 1002

File No. ....  
 Registered No. 2459  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1234 Lydia 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 <u>Female</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Lee</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>und 1898</u>					
7. AGE YEARS		MONTHS		DAYS	
<u>39</u>					
If LESS than 1 day, ..... hrs. or ..... min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>98</u>				
	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) <u>Shreveport, La.</u>					
FATHER	13. NAME <u>Geo Lewis</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hughesville, La.</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT (ADDRESS) <u>Orrie Lee, 1724 Lydia</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>6-18</u> 19 <u>38</u>					
19. UNDERTAKER (ADDRESS) <u>Adkins Bros, 2002 E. 12th</u>					
20. FILED <u>June 19 1938</u> <u>M. M. Brown</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2 1937 to 12-2 1937.  
 I last saw Deputy Coroner alive on 12-2 1937. Death is said to have occurred on the date stated above, at 4:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Burns of first and second degree of face, trunk and legs  
 Date of onset 12-2-37  
 Other contributory causes of importance: 181

Name of operation..... Date of.....  
 What test confirmed diagnosis? Swab..... Was there an autopsy? no.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? acc..... Date of injury 12-25, 1937  
 Where did injury occur? home 1724 Lydia  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
home no conflagration  
 Manner of injury explosion of lamp  
 Nature of injury Burns 2nd degree

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Lucian P. Richardson M. D.  
 (Signed) Lucian P. Richardson M. D.  
 (Address) 1832 7me

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.

