

REC'D AUG 8 1938

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

24330
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 1 Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 501 Maple Registered No. 2835 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 Lycourgus Tudor (Lycourgus Tudor)
 (a) Residence, No. 300 Madstone St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced (writes the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Mathey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1858
 7. AGE YEARS 80 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. collections
 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) Platte County, Mo.
 FATHER 13. NAME B. W. Tudor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 MOTHER 15. MAIDEN NAME Matilda Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princes Park, Va.
 17. INFORMANT Harry Tudor (ADDRESS) 200 Madstone
 18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE 7/15/38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. Rollens Platte City
 20. FILED 7-13-38 M. M. Crowe, Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-38, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938 to July 12, 1938
 That saw him alive on 7-16-38, 1938. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Intertrochanteric fracture of left femur.
Bronchopneumonia
 Date of onset
 Other contributory causes of importance: 1860
 Name of operation
 Date of
 What test confirmed diagnosis? 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 6-3-38
 Where did injury occur? K.C. Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Fell and fractured
 Nature of injury left femur
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) M. M. Crowe, Jr. M. D. (Address) Walton; K.C. 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. F. Ralston

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *L. F. Ralston*

Licensed Embalmer No. *1306*

P. O. Address *Platte City, Mo.*

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.)

If this body is not embalmed, above space should be left blank.