

REC'D MAY 10 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 13894Township KawPrimary Registration District No. 1002Registered No. 1648City Kans's City, Mo(No. 1211 Bennington St. \_\_\_\_\_ Ward \_\_\_\_\_)2. FULL NAME Mrs. Lulu Belle Mattox(a) Residence, No. 1211 Bennington 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Mattox6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>55</u>	<u>6</u>	<u>27</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Charles Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Susan Ross16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT William Mattox  
(ADDRESS) 1211 Bennington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Versales, Mo. DATE 4/19/39 19\_\_19. UNDERTAKER Sheil Funeral Home  
(ADDRESS) 6606 Indep. Ave. - Grove20. FILED Apr 19, 1939 M. G. Brown  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-3922. I HEREBY CERTIFY, That I attended deceased from April 4, 1939 to April 18, 1939I last saw her alive on April 18, 1939 Death is said to have occurred on the date stated above, at 3:47 a.m.

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

Gastric Carcinoma  
Ext. Pharynx, right  
lymph. removed  
Cancer

Date of onset

Other contributory causes of importance:

Pneumonia - Breast 50Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

