

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

1 PLACE OF DEATH

County Jackson
Township Law
or
Village
or
City Kansas City (NO. 3004 Askew St. Ward)

Registration District No. 899 File No. 180741

Primary Registration District No. 1002 Registered No. 1037

2 FULL NAME Mrs Lydia Meader Chase

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OF DIVORCED (Write the word) widow

6 DATE OF BIRTH Aug 16 1823
(Month) (Day) (Year)

7 AGE 92 yrs 9 mos 19 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Temperance Worker
(b) General nature of industry business, or establishment in which employed (or employer) W. C. T. U.

9 BIRTHPLACE (City or town, State or foreign country) Charlotte Vermont

PARENTS
10 NAME OF FATHER Valentine Meader
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Isle of Nantucket
12 MAIDEN NAME OF MOTHER Johanna Batty
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) think Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lenny J. Chase
(Address) 3004 Askew

15 MAY 25 1916
Filed 1916 Paul Payner Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 25 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 28 1914 to May 25 1916, that I last saw him alive on May 20 1916, and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:
Fracture of Left Hip Sept 28 1914
Accidental fall in house

18 (Duration) 1 yrs 7 mos 28 ds.

CONTRIBUTORY Arterio sclerosis
(Secondary) (Duration) several yrs. mos. ds.

19 (Signed) Arthur A. DeStor M. D.
May 26 1916 (Address) 3317 E 30th St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Clarke Kansas DATE OF BURIAL 5-27-16

20 UNDERTAKER Ceylan Best ADDRESS 1401 Main St

