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

Do not use this space.

6379

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3660 Summit St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 529

2. FULL NAME Lotta Estelle St. John
(a) Residence. No. 1008 East 11th St., 12 Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Huston H. St. John

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	10	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER Freeman Nichols
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Keziah Kane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Huston H. St. John
(Address) 4007 Virginia

15. FILED 2/2, 1929 M. McCrone Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to Feb 1, 1929, that I last saw her alive on Feb 1, 1929, and that death occurred, on the date stated above, at 7 A.M. P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy (Cerebral hemorrhage)
51
131
3 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis with albuminuria and glycosuria
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? NK
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) G. H. Hall, M. D.
Feb 2, 1929 (Address) 1600 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Moriah
DATE OF BURIAL Feb. 4 1929

20. UNDERTAKER D. H. Newcomer's Sons
ADDRESS 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.

235

Vic 3945
12