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

Do not use this space. 21572 2711

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Blue Ram — Primary Registration District No.: 1002
City: Kansas City Mo. Ward: 1 Ward — St. ... Ward)
File No. ... Registered No. ...

2. FULL NAME: Lucy Dorsey
(a) Residence. No. 3624 Swart St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 18 - 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
67	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Green Co
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Phillip Varble
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Rebecca Thurs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

14. INFORMANT: Vesta V. Jenkins
(Address) 439 Bellefontaine Ave.

15. FILED 6/18 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 16 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-9, 1929, to June 15, 1929, that I last saw h... alive on June 15, 1929, and that death occurred, on the date stated above, at 5 00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acidosis
59
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Diabetes
(duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Unknown
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Harry W. Ordway, M. D
6/16, 1929 (Address) 1401 Prospect K.C. Mo.

*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 Washington — DATE OF BURIAL: 6-19 1929

20. UNDERTAKER: C. H. Carson — ADDRESS: Judson Mo

Dr. W. W. Dugay.