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

Do not use this space.

29260
3433

1. PLACE OF DEATH

County Jackson — Registration District No. ____ — File No. ____

Township Kaw — Primary Registration District No. ____ — Registered No. ____

City Kansas City (No. 210 West 51st St. Terrace St. ____ Ward)

2. FULL NAME Lucy Mills Waldo

(a) Residence, No. 210 West 51st St. Ter. St. 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry L. Waldo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	89	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Kentucky

FATHER

13. NAME Thomas Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Henry L. Waldo 5447 Rockhill Road

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Emmanuel Cemetery Inprivate Vault DATE Sept 10 1932

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED 9/10 1932 M. M. Crowe asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932, to Sept 7, 1932

I last saw her alive on Sept, 1932. Death is said to have occurred on the date stated above, at 10:10 P.m.

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

	Date of onset
Pneumonia (Lobar)	Sept 4/32
186	
1948	
108	

Other contributory causes of importance:

Fracture of Femur	6 Aug 24

Name of operation ____ 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? yes Date of injury Aug 24, 1932

Where did injury occur? at home fell on floor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury fell from a chair to floor

Nature of injury Fracture of R Femur

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify no

(Signed) James E. Fowler, M. D.

(Address) 2410 Telephone Bld