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.

39689

1. PLACE OF DEATH

County Jackson — Registration District No. 899 — File No.

Township Kaw — Primary Registration District No. 3001 — Registered No. 4695

City Kansas City (No. 3609 State Line. St. Ward)

2. FULL NAME Lula E. Doke.

(a) Residence, No. 3609 State Line St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel L. Doke.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8. 1860.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	10	3	

OCCUPATION

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): Mo. 1

FATHER

13. NAME: Wm. Corbin.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: No-record.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va. 2

17. INFORMANT (ADDRESS): W. C. Doke. 3611 State Line

18. BURIAL, CREMATION, OR REMOVAL

PLACE Foster Mo. DATE 12/13/32

19. UNDERTAKER (ADDRESS): Gates Funeral Home. Kansas City Kas.

20. FILED 12-12, 1932 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1932, to Dec. 10, 1932

I last saw her alive on Dec. 10, 1932. Death is said to have occurred on the date stated above, at 4 a. m.

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

lobar pneumonia — Date of onset Dec. 6, 1932

108

102 108

Other contributory causes of importance:

senility

1

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy?

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

Accident, suicide, or homicide? 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) Albert S. Welch, M. D.

(Address) 835 Rialto Bldg.