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.

NOV 10 1933

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

Do not use this space.

33199

1. PLACE OF DEATH
County JACKSON — Registration District No. 009 — File No.
Township KAW — Primary Registration District No. 0009 — Registered No. 4134
City KANSAS CITY (No. 7542 - HARRISON St. Ward)

2. FULL NAME MRS. LULU A French MARSHALL
(a) Residence, No. 7542 - HARRISON 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-4-1869
7. AGE: YEARS 64 — MONTHS 2 — DAYS 14 — If LESS than 1 day, hrs. or min.

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) MISSOURI

FATHER
13. NAME A. G. FRENCH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME SALLY JONES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT MISS LOUISE MARSHALL (ADDRESS) 7542 - HARRISON ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash. DATE 10-20 1933
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI
20. FILED 10-20 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-18 1933
22. I HEREBY CERTIFY, That I attended deceased from 10-2-33, 19, to 10-18-33
I last saw her alive on 10-18-33 19 Death is said to have occurred on the date stated above, at 10:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Chr Nephritis Inters	1-1-32
2- Hypertension	1-1-33
3 Uremia	10 2 33

Other contributory causes of importance: Chr Myocarditis 1-1-32

Name of operation No. Date of No.
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Eugene Carbaugh, M. D.
(Address) Bryant Bldg

N. B.—THIS IS A PERMANENT RECORD

14 ~~Argyle~~ Argyant Bldg.
30-6