JUN 8 4 1935

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

Fin.

Do not use this space.

16592

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 2104

City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Mrs. Lillian Mae Carter

(a) Residence, No. 520 E. 11th St. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. D. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 18, 1863

7. AGE: YEARS 72 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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): Indiana

FATHER

13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): W. D. Carter, 520 E. 11th St. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yates Center, Ks DATE 5/22/35, 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway K. C. Mo.

20. FILED May 21, 1935 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/20/35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to 5-20, 1935

I last saw her alive on 5-20-35, 19 Death is said to have occurred on the date stated above, at 6:10 m. P.M.

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

Cerebral Hemorrhage — Date of onset 5-17-35

Other contributory causes of importance:

High Blood Pressure

Uremia — 1 wk.

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Lab 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? No

If so, specify

(Signed) W. F. McCarthy M.D., M. D.

(Address) 530 Prof. Bldg.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 16592
Township — Primary Registration District No. 1002 — Registered No. 2104
City Kansas City (No. Wesley Hosp. St. Ward)

2. FULL NAME Mrs Lillian Mae Carter

(a) Residence, No. St., 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 F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Dec 16, 1935 W. F. McCarthy Registrar.
May - 21 - 1935 M. M. Crow

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance:
Uremia due to Chronic nephritis

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? 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) W. F. McCarthy, M. D.
(Address) 530 Prof Bldg.

SUPPLEMENTARY

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