

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

Do not use this space.

44673

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. _____
 City Kansas City (No. 4305 East 31st St. _____ Ward _____)

File No. _____
 Registered No. 5227
 St. _____ Ward _____

2. FULL NAME Lucy J. Pauley

(a) Residence, No. 4305 East 31st St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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 Homer Pauley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 10 16

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

MOTHER 13. NAME Fredrick L. Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Frances Varner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Homer Pauley
 (ADDRESS) 4305 East 31st

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec 4 1936

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED Dec 4 1936 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936 to Dec 2, 1936

I last saw him alive on Jan 28, 1936 Death is said

to have occurred on the date stated above, at 1:15 pm.

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

Metastatic carcinoma involving lungs

Date of onset

Other contributory causes of importance:

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? No.

If so, specify _____

(Signed) John H. Halden, M. D.

(Address) 1717 W. 39th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

