

FEB 25 1937

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

Do not use this space.

1504

1. PLACE OF DEATH

County Jackson Registration District No. 299
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 3538) Wyandotte St. 1 Ward 1

File No. _____
Registered No. 1504 St. _____ Ward _____

2. FULL NAME Mrs. Lillie K. Walrath

(a) Residence, No. 3538 Wyandotte 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Walrath
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 29

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. 252
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

13. NAME Isaac Emery

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

15. MAIDEN NAME Lillie Emery

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

17. INFORMANT Mrs. C. A. Lunsford
(ADDRESS) 514 Summit

18. BURIAL, CREMATION, OR REMOVAL
PLACE San Angelo, Tex DATE Jan. 19 1937

19. UNDERTAKER E. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Jan 18 1937 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937, to Jan 15 1937
I last saw her alive on Jan 15 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Myocarditis Date of onset 10 yrs

Other contributory causes of importance: Alcoholism 5 yrs

Name of operation _____ Date of _____
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? _____ 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) J. J. Hayes M. D.
(Address) 901 Westport Road

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.

Supervisor
Permit