

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

Do not use this space.

NOV 18 1937

36594

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Blue Primary Registration District No. _____
 City Kansas City Mo (No. Leeds Hospital)

File No. _____
 Registered No. 1053
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 900 Ward Parkway St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2, 1895</u>		
7. AGE	YEARS	MONTHS
<u>42</u>	<u>1895</u>	<u>Feb 8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Seamstress</u>		11. Total time (years) spent in this occupation _____
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) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans La</u>		
13. NAME <u>Bryon Lassie</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans La</u>		
15. MAIDEN NAME <u>Cecilia Otini</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans La</u>		
17. INFORMANT <u>K.C. Hosp</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>Oct 7, 1937</u>		
19. UNDERTAKER <u>Engelberg's</u> (ADDRESS) <u>1811 1/2 St. K.C. Mo</u>		
20. FILED <u>Oct 7, 1937</u> M. Brown Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to Oct 4, 1937,
 I last saw h.v.c. alive on Oct 4, 1937. Death is said to have occurred on the date stated above, at 11:29 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
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 Other contributory causes of importance:
Tuberculosis enteritis

Name of operation _____
 What test confirmed diagnosis? Kroy's Sputum Date of Green
 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 _____, 19____
 Where did injury occur? No
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury No
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. J. Green, M. D.
 (Address) Kansas City, Mo

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.

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