

No. 26

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

PLAINTIFF'S Exhibit No. 132 AMF

1. PLACE OF DEATH

County	Jackson	Registration District No.	399	File No.	9149
Township		Primary Registration District.	1002	Registered No.	1347
City	Kansas City	(No. General Hospital St., Ward)			

2. FULL NAME Lottie Conroy

(a) Residence, No. 2707 Holly 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR Divorced (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1890

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1
43	5	3	day, hrs.
			or min.

OCCUPATION

8. Trade, profession, or particular kind of 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) Alton

(STATE OR COUNTRY) Missouri

FATHER

13. NAME Frank Brewer

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

MOTHER

15. MAIDEN NAME Stella

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

17. INFORMANT Val J. Conroy
(ADDRESS) 2707 Holly

18. BURIAL CREMATION, OR REMOVAL
Place Floral Hills Date 3-27, 1934

19. UNDERTAKERS J. F. O'Donnell Co.
(ADDRESS) K.C. Missouri

20. FILED 3-26, 1934 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Deputy to Corner

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4:55
A.m.

The principal cause of death and related causes of importance were as follows:
Second and third degree burns

Date of onset

Other contributory causes of importance:
(House did not burn)

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes violence, fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-23, 1934
Where did injury occur? 2707 Holly, K.C.Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury Clothing caught fire

Nature of injury From gas stove

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. G. Leitch Coroner M.D.

(Address) K.C. Missouri

STATE OF MISSOURI,

ss.

CITY OF JEFFERSON.

I HEREBY CERTIFY that the above is a true and correct copy of the certificate of death of Lottie Conroy, filed in the office of the Central Bureau of Vital Statistics of the State of Missouri, and that the said certificate is deposited in said office and is a part of the permanent records of said bureau.

WITNESS my hand as Secretary of the Missouri State Board of Health and State Registrar of Vital Statistics, and the Seal of the Missouri State Board of Health Done at the City of Jefferson, this 24 day of April 1939

Harry F. Harker M.D.

State Registrar Bureau of Vital Statistics.

Per. Clerk