

JAN 23 1929

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

Do not use this space.

41252

1. PLACE OF DEATH

County Jackson
Towashid Washington
City Kansas City

Registration District No. 5558404
Primary Registration District No. 4045388
(No. 8236 House)

File No. _____
Registered No. 99
St. _____ Ward _____

2. FULL NAME Elizabeth Six

(a) Residence. No. 8236 Main St. _____ Ward _____
(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) widowed

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

Joseph Six

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 5 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bradford
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Simmons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Westborough
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Tompkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Westborough
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. F. A. Jordan
(Address) 8236 Main

15. FILED Dec 23 1928 C. F. Brannon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928, to Dec 10, 1928 that I last saw h. alive on Dec 8, 1928, and that death occurred, on the date stated above, at I. A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism

90 90 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocardial Insufficiency (duration) several yrs? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) D. J. Paris, M. D.

12/10, 1928 (Address) 7308 Washington KC Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Edwards Kansas

20. UNDERTAKER W. J. ... ADDRESS City

12-11-28 19

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.

WRITE PLEASE, WITH ENCLAVING INSTRUMENTS IS A PERMANENT RECORD.

