

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

Do not use this space.

5844

**1. PLACE OF DEATH**

County Clay  
Township Franklin  
City Excelsior Springs

Registration District No. 198  
Primary Registration District No. 3011

File No. ....  
Registered No. 18  
St. .... Ward)

**2. FULL NAME**

Elyzabeth Jane Urach

(a) Residence. No. 614 Daley St., ..... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 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 Jacob Urach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
82 | 0 | 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) ky.

**10. NAME OF FATHER**

James M. Crook

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) ky.

**12. MAIDEN NAME OF MOTHER**

Miller

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) mo.

PARENTS

14. INFORMANT (Address) Max J. Jones  
Excelsior Springs, Mo.

15. FILED 2/7 1929 J. D. Crover REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 7 1929 to Feb 7 1929  
that I last saw her alive on Feb 7 1929, and that death occurred, on the date stated above, at 7:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Cardiac dilatation

**CONTRIBUTORY (SECONDARY)**

myocarditis

**18. WHERE WAS DISEASE CONTRACTED**

(NOT AT PLACE OF DEATH) .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

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

, 19 (Address) Excelsior Springs, Mo.

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

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

Excelsior, Ray, Co

**DATE OF BURIAL**

Feb 8 1929

**20. UNDERTAKER**

Herbert Hoff

**ADDRESS**

Excelsior Springs, 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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