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

Do not use this space.
24787
3199

1. PLACE OF DEATH
County Jackson Registration District No. 1002 File No.
Township Kaw Primary Registration District No. Registered No.
City Kansas City No. St. Mary's Hospt St. Ward)

2. FULL NAME Lillian E Elliott
(a) Residence. No. 334 Jackson St., 10 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)
F	wh	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Thos. K. Elliott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	5	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Ohio

PARENTS

10. NAME OF FATHER Wm. S. Ralston
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Sarah Graham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

14. INFORMANT Thos. K. Elliott
(Address) 334 Jackson.

15. FILED 7/25, 1929 M. H. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1929.

17. I HEREBY CERTIFY, That I attended deceased from July 20th, 1929, to July 24, 1929, that I last saw h. alive on July 24th, 1929 and that death occurred, on the date stated above, at 10:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis from Intestinal Obstruction 1 day

(duration) yrs. 12 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Prostatitis 12 yrs

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? Kansas City Mo.
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 23rd 29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Louis Lyons, M. D.
7-25, 1929 (Address) 814 Argyle Bldg

*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
Lenox, Iowa	July 26 1929
20. UNDERTAKER H. A. Newcomer	ADDRESS Lenox Ia

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.

814 Argyle St Bldg
Vic 98 7 88
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