WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 21495

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2020
Township Kan — Primary Registration District No. 100 — Registered No.
City Kansas City (No. 5340 Virginia St. Ward)

2. FULL NAME Eliza Ellen Wade
(a) Residence. No. 5340 Virginia St., 15 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: Fe
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: Edward Wade

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 27-1850

7. AGE: YEARS 80 — MONTHS 9 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home 94 110
(b) General nature of industry, business, or establishment in which employed (or employer): 99
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Columbus
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Solomon Preston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs J. S. Lamm
(Address) 5340 Virginia

15. FILED 6/15, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-13 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 1925, to June 13, 1931 that I last saw her alive on June 10, 1931, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arteriosclerosis (Senile type with Coronary thrombosis.
(duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (SECONDARY): Pleuritic effusion (Rt)
(duration) ....yrs. ....mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes - partial
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + Clinical
(Signed) Wilson A. Myers, M. D.
6/14, 1931 (Address) Kansas City 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: Mt Hope — DATE OF BURIAL: 6-15 1931

20. UNDERTAKER: Gibson & Son — ADDRESS: K.C.K.