

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

Do not use this space.

34471

**1. PLACE OF DEATH**

County Jackson  
Township Yean  
City Kansas City (No. 123 General Hosp)

Registration District No. 500  
Primary Registration District No. 1000

File No. \_\_\_\_\_  
Registered No. 4190  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 4006 Merwin Ave St. 116 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 56 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20-1875

7. AGE YEARS 55 MONTHS 9 DAYS 23 If LESS than 1 day, .....hra. or .....min.

8. Trade, profession, or particular 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) (STATE OR COUNTRY) Mus

13. NAME Henry Elbes

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

15. MAIDEN NAME Mary T. Bridges

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

17. INFORMANT Reverend Clerk (ADDRESS) 123 General Hosp, Kansas Mo

18. BURIAL, CREMATION, OR REMOVAL Int. Memorial DATE Oct 17 1931

19. UNDERTAKER Robert Henderson (ADDRESS) 4136 E. 15th St

20. FILED 10-15-1931 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1931, to 10-13 1931

I last saw her alive on 10-13 1931. Death is said to have occurred on the date stated above, at 8:10 a m.

The principal cause of death and related causes of importance were as follows:

Chronic diffuse nephritis Date of onset \_\_\_\_\_

Ph

10/31

Other contributory causes of importance: Pneumonia

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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) P. Williams M. D.

(Address) 123 General Hosp, Kansas Mo

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.

