

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

Do not use this space.

16325

**1. PLACE OF DEATH**

County JACKSON  
Township KAW  
City KANSAS CITY (No. 501, EAST-54<sup>TH</sup>)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2118  
Registered No. 2118  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** MRS. ELEANOR B. SEVERANCE

(a) Residence, No. 501 EAST-54<sup>TH</sup> St., 6 Ward.

(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |   |
|---|--|---|
| 3. SEX<br><u>FEMALE</u>   | 4. COLOR OR RACE<br><u>WHITE</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>WIDOWED</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HORACE W. SEVERANCE</u>       |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY-28-1848</u>                                   |  |   |
| 7. AGE  | YEARS<br><u>83</u>   | MONTHS<br><u>9</u>  |
|   | DAYS<br><u>28</u>  | IF LESS than 1 day, hrs. or min.  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u> |   |
|   | 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  |   |
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) <u>SCOTTSVILLE</u> 2<br>(STATE OR COUNTRY) <u>NEW YORK</u>                     |   |
|   | 13. NAME <u>Wm Valentine</u> UNKNOWN   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) <u>SCOTTSVILLE</u><br>(STATE OR COUNTRY) <u>NEW YORK</u>                       |   |
| MOTHER  | 15. MAIDEN NAME <u>Pippay</u> UNKNOWN  |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) <u>SCOTTSVILLE</u><br>(STATE OR COUNTRY) <u>NEW YORK</u>                       |   |
| 17. INFORMANT <u>MR. ORLA A. SEVERANCE</u><br>(ADDRESS) <u>501 EAST-54<sup>TH</sup> ST.</u>   |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>FOREST HILL</u> DATE <u>MAY-27</u> 19 <u>32</u> |  |   |
| 19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u><br>(ADDRESS) <u>KANSAS CITY MISSOURI</u>          |  |   |
| 20. FILED <u>May 26 1932</u> <u>M. M. Corone</u><br><u>Registrar.</u>                         |  |   |

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-25 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27 1932, to May 25 1932  
I last saw her alive on May 25 1932 Death is said to have occurred on the date stated above, at 10:00 P. m.

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

Acute Broncho Pneumonia 3/23/32  
930  
8207A  
Other contributory causes of importance:  
Chronic Myocarditis 10/19/30  
Cerebral Haemorrhage 3/28/32

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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? no.  
If so, specify \_\_\_\_\_  
(Signed) Paul S. Christy, M. D.  
(Address) 602 Argyle Bldg.

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.

602 Argyle Bldg.

2:30-5