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

SEP 29 1936

Do not use this space.

31204

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kaw ~~Primary~~ Registration District No. 1002 Registered No. 4002
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Miss Elnora Stevenson
(a) Residence, No. St., Ward. Axtell Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 15 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE About YEARS 59 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Shelby Co Iowa

FATHER
13. NAME Louis Milton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Easterly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Clayton E Stevenson Lincoln Mebr
18. BURIAL, CREMATION, OR REMOVAL
PLACE Axtell - Ks DATE Aug 30 1936
19. UNDERTAKER (ADDRESS) W W Newcomers Sons Kansas City - Mo
20. FILED 8-28 1936 M. M. Crouse, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-13-, 1934, to 8-28-, 1936
I last saw her alive on 8-28-, 1936. Death is said to have occurred on the date stated above, at 4:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Myocarditis c̄ decompensation.	day no
Partial Intestinal obstruction - old adhesions.	?
Peritonitis	

Other contributory causes of importance:

Name of operation Colostomy Date of 8-2
What test confirmed diagnosis? — 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 None
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Donald R Black, M. D.
(Address) 924 Prof. Bl. K. C. Mo