

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

17507
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 2204

(c) City Kansas City, Mo. (d) Street No. 4114 Euclid Avenue, K. C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth M. Wilson 425

(a) Residence, No. 4114 Euclid, K. C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilton Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27th, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	76	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

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) Missouri.

FATHER

13. NAME James Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

MOTHER

15. MAIDEN NAME Mary A. Hall,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

17. INFORMANT Walter Wilson, 4114 Euclid Avenue
 (ADDRESS) Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington, DATE May 31st, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster
918 Brooklyn Avenue, K.C. Mo.

20. FILED May 29, 1938 M. M. Croome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to May 28, 1938

I last saw h..... alive on Mar. 8, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:
Epithelioma of nose and upper lip & left cheek
Operation two years. Date of onset 52

Other contributory causes of importance: none
Primary cancer on nose

Name of operation none Date of.....
 What test confirmed diagnosis? biopsy Was there an autopsy?.....

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 Ward H. Leonard, M.D.
 (Signed) Ward H. Leonard, M.D.
 (Address) 3232 Summit St.

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.

1 X14028

Dr. Ward Leonard

3232 Main Street

Long: 1522

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.