

REC'D JAN 13 1939

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

41734
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township New Primary Registration District No. 1003 Registered No. 4800
 (c) City Kansas City (d) Street No. Vineyard Park Hospital 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

423 Ms. Elizabeth E. Ralston
 (a) Residence, No. Dixon Hotel St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frank E. Ralston
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 1882
 7. AGE YEARS 55 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Shelby (STATE OR COUNTRY) Ill

FATHER 13. NAME Jacob Maurer
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Mautz
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John J. Maurer, Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill Mo DATE Dec 10 1938

19. FUNERAL DIRECTOR (NAME) Dr. Neocomission (ADDRESS) Brushcreek & Paad

20. FILED Dec 9 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-1-37 to 12-5-38 1938
 I last saw her alive on 12-5-38 Death is said to have occurred on the date stated above, at 5:57 A.M.
 The principal cause of death and related causes of importance were as follows:

Krenic Coma Date of onset 12-7-38
124Pr
 Other contributory causes of importance:
Chronic Interstitial Nephritis + Appalt. Arteriosclerosis 12-1-36

Name of operation None Date of
 What test confirmed diagnosis? 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?
 If so, specify
 (Signed) J. J. Sheldon, M. D.
 (Address) 922 West

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

FORM 1 X 14023

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.

