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

Do not use this space.

8315

File No. 1169

Registered No. .....

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3603 St. John St. ..... Ward)
Registration District No. .....
Primary Registration District No. .....

2. FULL NAME Elizabeth Geha
(a) Residence. No. 3603 St. John St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
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) Aug. 27, 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
17	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cleveland
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Joseph Geha
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Syria
12. MAIDEN NAME OF MOTHER Martha Gavin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Syria

14. INFORMANT Joseph Geha
(Address) 3603 St. John

15. FILED 3/19, 1927 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Our Time March 15, 1927, to Mar 18, 1927 that I last saw her alive on March 15, 1927, and that death occurred, on the date stated above, at 1:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
9 P.B.
(duration) ..... yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Dent Room
(duration) ..... yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. P. Baker, M. D.
3/19, 1927 (Address) 3201 E 12th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Nat. St. Marys
DATE OF BURIAL: Mch 21 1927

20. UNDERTAKER: D. H. Newcomers Sons
ADDRESS: K.C., Mo.

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

320.6.12
Ben. 0494.
4-5.