

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

Do not use this space.

B 18196
2296

1. PLACE OF DEATH

County Jackson Registration District No.
Township Law Primary Registration District No.
City Kansas City (No. General Hospital)

File No.
Registered No.
St. Ward)

2. FULL NAME

Mildred M. Elvain
(a) Residence. No. 228 Park St. 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jas. M. Elvain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1-1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hand Painting
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hatchkies
(STATE OR COUNTRY) Colorado

10. NAME OF FATHER Frank Short

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Amelia
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Stella Sanborn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Stella Short
(Address) Poconia Colorado

15. FILED 6/4/27 M.M. Crew REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1927

17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from
19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Abortion
141 Self Induced

CONTRIBUTORY (SECONDARY) 1430
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

18 Did AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Frank Nelson, M. D.

6-1, 1927 (Address) Deputy Coroner
*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 Hatchkies Colo DATE OF BURIAL June 1927

20. UNDERTAKER Mrs. C. L. Foster 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.

