NOV 1927

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

Do not use this space.

29616

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 1074

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME Elizabeth Agnes Poe

(a) Residence. No. 1111 Garfield Ave. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elisha H. Poe

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct, 11, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	0	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brooklyn, N.Y.

PARENTS

10. NAME OF FATHER: Unknown Mullin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Mary Ann Nugent

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

14. INFORMANT: Mrs. Harry Niedorp (Address) 620 Hamburg Ave.

15. FILED: OCT 24 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct, 21, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1927 to Oct 21, 1927 that I last saw her alive on Oct 21, 1927 and that death occurred, on the date stated above, at 12.05 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza and Secondary Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Old age & Infirmities

(duration) yrs. 11 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1107 — 162

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Pathological

(Signed) W. J. Meyer M.D.

Oct 22, 1927 (Address) Kristopatrick Bldg

*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: Mt. Mora Cemetery — DATE OF BURIAL: Oct, 24, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

NOV. 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.