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

Do not use this space.

1336

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 500

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Elmer Ellsworth Jaquay

(a) Residence. No. Ft Scott Kansas St. Ward.
(Usual place of abode) 702 so Broadway (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10 = 1864

7. AGE: Years 64 | Months 0 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Foreman Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Shops, Ft Scott Kas.
(c) Name of employer: Frisco Ry.

9. BIRTHPLACE (CITY OR TOWN) Near Pittsfield Pa
(STATE OR COUNTRY) Warren Co

PARENTS

10. NAME OF FATHER: Joseph Sylvester Jaquay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) think
(STATE OR COUNTRY) U. S. A.
12. MAIDEN NAME OF MOTHER: Mary Ann Tuttle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) think
(STATE OR COUNTRY) U. S. A.

14. INFORMANT: George E. Jaquay
(Address) Marshallton Ia. 00 N-16th

15. FILED Jan 26, 1928 M. M. Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at 10 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental Street Car Traumatism - multiple Injuries

20 Ah (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Automobile involved

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1880

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Henry Carfaugh, M. D

Jan 26, 1928 (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: Ft Scott Kansas — DATE OF BURIAL: Jan 26 1928.

20. UNDERTAKER: D. H. Newcomer Sons K.C. Mo. — ADDRESS

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.