

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

Do not use this space.

30592

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1349
 Township Jackson Primary Registration District No. 21002 Registered No. 1349
 City J.C. Mo (No. 2451 Chestnut St. _____ Ward)

2. FULL NAME

John Franklin Elbe
 (a) Residence 2451 Chestnut St. J.C. Mo 11
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1860

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
68

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mechanic at 99th
 (b) General nature of industry, business, or establishment in which employed (or employer) House Wiles
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

10. NAME OF FATHER Jacob Elbe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT D. E. K. Elbe
 (Address) 2451 Chestnut

15. FILED 9/18 28 M. M. Crowe REGISTRAR
Asst

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 15, 1928, to Sept 17, 1928
 that I last saw h. alive on Sept 17 4:00 p.m., and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic interstitial nephritis
11/9/28 (duration) 10 yrs. mos. da.
 CONTRIBUTORY Chronic myocarditis
 (SECONDARY) (duration) 10 yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. J. C. Cruick, M. D.
9/17, 1928 (Address) 2602 East 15th K.C. Mo

*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 Warrington Mo DATE OF BURIAL Sept 19 1928

20. UNDERTAKER Katherine Funeral Home 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.

WRITE PROMPTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

