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

Do not use this space.

33001

1. PLACE OF DEATH

County: Cass — Registration District No.: 156 — File No.:

Township: Grand River — Primary Registration District No.: 4090 — Registered No.: 66

City: Harrisonville (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Jane McKaffey

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

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~William R~~ Married

5a. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF: William R McKaffey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 31st 1850

7. AGE: Years 77 | Months 9 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DESECEASED
(a) Trade, profession, or particular kind of work: Home wife
(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) Ohio

PARENTS

10. NAME OF FATHER: Ralph Smalley

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

12. MAIDEN NAME OF MOTHER: Rachel Shriner

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

14. INFORMANT: Mrs A. F. Easley
(Address) 2527 - Elmwood Kansas City Mo.

15. FILED: Oct 11 1928 — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1928 to Oct. 10 1928 that I last saw her alive on Oct. 10 1928, and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach.
Mo. B
Dont know. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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?

(Signed) J. S. Triplett, M. D.
, 19 (Address) Harrisonville, 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: Brown Cemetery — DATE OF BURIAL: Oct. 2, 1928

20. UNDERTAKER: Kunnenburger Bros — Harrisonville