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

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.

V 0984

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

Do not use this space.

33635
4175

1. PLACE OF DEATH

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

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

City Kansas City (No. ..... Lakeside Hospital ..... Ward)

2. FULL NAME Clara Elliott

(a) Residence. No. Zarah Kansas St., ... 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. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-8-1856

7. AGE: Years 72 | Months 0 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~Sch~~ Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) At home!
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sabula
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Ruben M. Elliott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Harriett M. Coe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)

14. INFORMANT Miss Esther Crowe
(Address) 2012 Benton-K.C. Mo.

15. FILED 10/13, 1928 M M Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-13 1928

17. I HEREBY CERTIFY, That I attended deceased from 7.28, 1928, to 10.13, 1928, that I last saw her alive on 10.13, 1928, and that death occurred, on the date stated above, at 5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Femoral Thrombus
55C
103A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Post Operative Tumor of Broad Ligament
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 1928

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. R. Hall M.D.
10/12, 1928 (Address) 626 Lathrop 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: Zarah Kansas. — DATE OF BURIAL: Oct-16 1928

20. UNDERTAKER: N. E. Julien — ADDRESS: Olathe Ks.