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

Do not use this space.

1422

File No. 9
Registered No. 9

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City (No.) 1612½ Locust St. (St.) (Ward)

2. FULL NAME Mrs. Elizabeth Harvey

(a) Residence. No. 1612½ Locust St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	Col	Widow

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

6. DATE OF BIRTH (Month) (Day) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	83			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(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) Missouri

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Rachel Shipley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Lucile DeMoss
(Address) 1612½ Locust St

15. FILED 1/2, 1929 M. M. Connor Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-11- 1928 to Dec 31 1928 that I last saw h. ex. alive on Dec 31, 1928 and that death occurred, on the date stated above, at 1150 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Apoplexy
82D
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis (Ret.)
(duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Pearman, M. D
1/2, 1929 (Address) 578 Elm

*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 Garnell, Kansas. DATE OF BURIAL Jan. 3 1929.

20. UNDERTAKER H B Moore ADDRESS 1820 E 8th

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD