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

Do not use this space.

14804

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 1849

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

City Kansas City (No. Kansas City General Hosp. St. ~~[illegible]~~ Ward)

2. FULL NAME Tams, Eliza

(a) Residence. No. 1221 Olive St St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 6, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76 ~~80~~	3	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(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) Pennsylvania

PARENTS

10. NAME OF FATHER John Tams

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

12. MAIDEN NAME OF MOTHER Charlotte Hammond

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

14. INFORMANT Mary Tams
(Address) 1221 Olive St

15. FILED 4/19, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-13, 1929 to 4-19, 1929 that I last saw her alive on 4-19, 1929 and that death occurred, on the date stated above, at 12:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of hip, accidental fall in home
1860
1790
1860 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ....yrs. ....mos. ....ds. 10

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? Clinical Findings
(Signed) P E Williams, M. D.
4-19, 1929 (Address) Supt K. C. Genl Hosp.

*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~~	DATE OF BURIAL
Leavenworth, Kansas	4/20 1921
20. UNDERTAKER	**ADDRESS**
Steve & McClure	3235 Gillham Plaza

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.