

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

Do not use this space.

37579

1. PLACE OF DEATH

County Jasper

Registration District No. 417

Township Webb City Mo.

Primary Registration District No. 3221

City Webb City Mo. (No.)

File No.

Registered No. 153

St. Ward

2. FULL NAME

Mrs. Elizabeth Jane Kammack

(a) Residence. No. 430 Oakland Ave. 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)

Widow

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

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

Dec. 8, 1864

7. AGE

64

YEARS

MONTHS

10

DAY

28

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

House 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)

South Carolina

10. NAME OF FATHER

Joseph H. Hines

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

South Carolina

12. MAIDEN NAME OF MOTHER

Clender Ellen Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

South Carolina

14.

INFORMANT (Address)

J. E. Kammack

Joplin, Mo.

15.

FILED

11/7

19

R. M. Stromont

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1928 to Nov 6 1929
that I last saw her alive on Oct 8 1929, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
73 405

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Same
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. E. Kammack, M. D.

11/7 . 1929 (Address) Webb City, 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

DATE OF BURIAL

Mount Hope

Nov. 8 1929

20. UNDERTAKER

ADDRESS

Steele Und. Co.

Webb City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. 2. 3.