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

Do not use this space.

1300

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1006 — Registered No. 292

City Kansas City (No. 6002 East 12th St. St. Ward)

2. FULL NAME ELIZABETH A. STEELE

(a) Residence. No. 6002 East 12th Street 12 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)
Female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25, 1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
87	None	25	

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

262

9. BIRTHPLACE (CITY OR TOWN) Sibley (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas Johnson

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

12. MAIDEN NAME OF MOTHER Elizabeth Allison

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

14. INFORMANT R. O. Steele (Address) 5218 Paseo

15. FILED 1/21, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1929, to Jan 20, 1930 that I last saw her alive on Jan 20, 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

106B

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

(duration) 5 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) W R Forster, M. D.

1/21, 1930 (Address) 1529 Lister

*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~~ Elmwood Cem. — DATE OF BURIAL 1-22-1930

20. UNDERTAKER Stine & McClure — ADDRESS 3230 Kelham 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.

1029 Lister