

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

Do not use this space.

16204

2112

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kansas city (No. Research Hospital)

Registration District No. 399  
Primary Registration District No. 10

File No. 2112  
Registered No. \_\_\_\_\_  
Ward \_\_\_\_\_

**2. FULL NAME**

Minnie J Mc Elvain  
(a) Residence. No. 4015 Campbell Ward. 6  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe  
4. COLOR OR RACE wh  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F Mc Elvain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 7 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

25  
2  
1

PARENTS

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Colo

10. NAME OF FATHER Henry J Reynolds

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

12. MAIDEN NAME OF MOTHER Sarah Miller

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

14. INFORMANT John F Mc Elvain  
(Address) 4015 Campbell

15. FILED 5/17, 1930 M. M. Crowe REGISTRAR  
act

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 7 1930, to May 17 1930, that I last saw her alive on May 17 1930, and that death occurred, on the date stated above, at 8:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bacterial Endocarditis - pneumococcal  
108  
110A  
91A (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Lobar pneumonia and Sepsis (duration) yrs. mos. ds. 2

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 4015 Campbell  
2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 15 - 1930  
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy & Edmunda  
(Signed) Renee Davis, M. D.

17 1930 (Address) 1334 Bialto

\*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 Forest Hill DATE OF BURIAL May 19 1930

20. UNDERTAKER H. H. Newcomer ADDRESS Low K 6 Mo

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.

