

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

Do not use this space.

26852

**1. PLACE OF DEATH**

County Jackson  
Township Yean  
City Kansas City (No. Kansas City Gen Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 3404 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Elizabeth Surran "Surran"

(a) Residence No. 432 Cypress St. 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. 10 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)**

Widowed

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

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

Sept 10 1869

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>11</u>	<u>8</u>	

**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 \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Florida

**10. NAME OF FATHER** James Woods

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

**12. MAIDEN NAME OF MOTHER** No Record

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
(STATE OR COUNTRY) No Record

**14. INFORMANT** De was a Clerk

(Address) KC Genl Hosp.

**15. FILED** 9/20 1930 M. S. Brown REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 8-18 1930

**17. I HEREBY CERTIFY, That I attended deceased from** 7-29 1930 to 8-18 1930  
that I last saw her alive on 8-17 1930, and that death occurred, on the date stated above, at 2:50 P.M.

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

Carcinoma glands of the neck left side  
USA  
5/35 (duration) 1 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Carcinoma lower left lip  
(duration) 4 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 470

**18 DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) P. Walliams, M. D.

8-19 1930 (Address) Gen Hosp KC 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** Elmwood **DATE OF BURIAL** Aug 21 1930

**20. UNDERTAKER** Mrs. C. L. Foster **ADDRESS** G. C. Mo.

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.

