

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

Do not use this space.

39592
- 5765

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Townships Kaw Primary Registration District No. _____
 City Kansas City (No. Mersey Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Billie Jeanine Elliott

(a) Residence. No. 1024 E 23rd St. 4 Ward. No. Kansas City, Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 19, 1930</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>1</u>	<u>5</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Infant</u>				

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24 1930
 17. I HEREBY CERTIFY, That I attended deceased from 12-24, 1930, to 12-24, 1930, that I last saw her alive on 12-24, 1930, and that death occurred, on the date stated above, at 11:05 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A
3 1/2 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY Septicemia Secondary to
 (SECONDARY) Bronchopneumonia (duration) 1 1/2 yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Home
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy + Clinical
 (Signed) Sidney Pasada, M. D.
12-25, 1930 (Address) Mersey 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.

9. BIRTHPLACE (CITY OR TOWN) North Kansas City, Mo
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Floyd Elliott</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Lillian</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)

14. Floyd Whittay Elliott
 INFORMANT (Address) 1024 E 24th St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty, Mo. DATE OF BURIAL 12/24 1930
 20. UNDERTAKER Morton & Co ADDRESS 40 W. E. 4th

15. FILED 12/24 1930 W. M. Crews REGISTRAR
W. M. Crews

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.

