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.

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

Do not use this space.

14391

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 27 14 Olive St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 1911

2. FULL NAME Elizabeth Hutson
(a) Residence, No. 2 St., Ward. Warrensburg 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. 4 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-12-1868
7. AGE YEARS 62 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 935
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Missouri

FATHER
13. NAME Henry Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME Alice Moorhouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) A. B. Hutson 1603 Spruce, Kansas City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE April 25 1931
19. UNDERTAKER (ADDRESS) Sweeney Goos Co. Warrensburg Mo.
20. FILED 4-24-1931 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1931
22. I HEREBY CERTIFY, That I attended deceased from May 13, 30 to April 24, 1931
I last saw her alive on April 24, 1931. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	1-15-31
47B	
131	
Other contributory causes of importance: Carcinoma of lung	5-30

Name of operation Loose Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. B. Jones, M. D.
(Address) 1014 Argyle Bldg Kansas City Mo