

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

Do not use this space.

17946

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 20002
 City Kansas City (No. Genl Hosp #20002) St. Ward

File No. 2006
 Registered No. 2006

2. FULL NAME

Eliza Glover
 (a) Residence. No. 2126 Tracy St. 4 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 29 1870</u> (1871)		
7. AGE YEARS <u>60</u>	MONTHS <u>2</u>	DAYS <u>4</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Domestic</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u> (c) Name of employer <u> </u>		

9. BIRTHPLACE (CITY OR TOWN) Monroe County
 (STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Benjamin Mades</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Julia Evans</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris</u>	

14. INFORMANT Clerk
 (Address) General Hospital #2

15. FILED May 7 1931 M. M. Grove
 REGISTRAR Asor

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/3 1931
 17. I HEREBY CERTIFY, That I attended deceased from 5-1 1931, to 5-3 1931, that I last saw h. av alive on 5-3-31, 1931, and that death occurred, on the date stated above, at 7:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Cervix
48 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Toxemia
 (duration) 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 Auscultation
 (Signed) D. M. Miller M. D.
574 1931 (Address) General Hospital #2

*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 Maple Hill DATE OF BURIAL 5/7 1931

20. UNDERTAKER Hatkins Bros. ADDRESS 729 Lydia

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.

