

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

Do not use this space.

17998

1. PLACE OF DEATH

County Jackson
Township Near
City Kansas City (No. 1000)

Registration District No. 399
Primary Registration District No. 1000
St. St. Lukes Hospital Ward

File No. 2130
Registered No. 2130

2. FULL NAME

Pruitt Elkins
(a) Residence. No. 3311 Baltimore St. 5 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 5 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 3 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cook, Paint Co
(b) General nature of industry, business, or establishment in which employed (or employer). 44
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mount Hope (STATE OR COUNTRY) Alabama

10. NAME OF FATHER Jos. Blaine Elkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fannie Lackey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mount Hope (STATE OR COUNTRY) Alabama

14. INFORMANT (Address) Jos. J. Elkins
Mt. Hope, Alabama

15. FILED 5/11 1931 M. M. Cron REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

✓ Sat.
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Febr 11th 1931, to 9th May 1931, that I last saw him alive on May 9th 1931, and that death occurred, on the date stated above, at 1045.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor
2 1/2 (duration) yrs 2 mos 28 ds
Terminal (Primary) Broncho Pneumonia
10 1/2 (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? Yes

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Thos. C. Lilly M. D.

210, 1931 (Address) 1022 Angles Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope Alabama DATE OF BURIAL 5-11 1931

20. UNDERTAKER Taylor Funeral Home ADDRESS B. C. Mo.

WRITE PLAINLY, WITH UNFOLDING. THIS IS A PERMANENT RECORD

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
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 2137
City..... (No. St. Lukes Hospital St. Ward)

2. FULL NAME Pratt Elkins

(a) Residence. No..... St., 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

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

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 7/11 1931 m.m. Lewis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19.....

17.

I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain tumor (Glioma Pons)
metastatic

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)....., M. D.
..... 19..... (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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Case of Richard Pruitt Elkins

Autopsy was done by Dr Ferdinand Helwig of St Lukes Hospital and the pathological diagnosis was as follows.-

Brain tumor. Spongioblastoma multiforme rising from the cerebral peduncle or the corpora quadrigemina; extension into the cerebellum posteriorly; occlusion of the aqueduct and marked internal hydrocephalus; bilateral confluent bronchopneumonia; Chiari network of the right cardiac auricle; Occlusion of the Aqueduct of Sylvius; disappearance of the pineal.

signed Ferdinand Helwig.

1931

S-17998

F. H. Lilly
1027 Myrtle Road