

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

Do not use this space.

25289

1. PLACE OF DEATH

County Jackson Registration District No. 899
 Township Kaw Primary Registration District No. 13002
 City Kansas City (No. St. Marys' Hospital) St. _____ Ward _____

File No. _____
 Registered No. 32911

2. FULL NAME Mrs. Elizabeth G Waters

(a) Residence, No. 3825 Baltimore St. 5 Ward. _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Missouri

13. NAME Patrick Grace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Delia Dillon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frank Waters
 (ADDRESS) 3825 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Aug 1 1938

19. UNDERTAKER Quirk & Tobin CO
 (ADDRESS) 20 West Linwood

20. FILED July 31 1938 M. M. Corvine
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1930 to July 29 1938

I last saw her alive on July 29 1938. Death is said to have occurred on the date stated above, at 10:15 P M

The principal cause of death and related causes of importance were as follows:

Acute Myelogenous Leukemia - 72 P
Leukemia - 1008
Infarct L. Lower Lung.

Other contributory causes of importance:
Recurrent acute thrombophlebitis - Both lower extremities
and abdominal wall

Name of operation _____ Date of _____
 What test conducted? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide or homicide? _____ Date of injury _____
 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) M. J. Owens M. D.
 (Address) 1034 Rialto LCMO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

