

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

Do not use this space.

41133

5122

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 5th St. & Highland Ave. St. Ward)

File No.
Registered No.

2. FULL NAME Lee Irvine McElroy

(a) Residence No. 5th St. & Highland Ave. 9 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>Male</u> Female	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mae B. McElroy</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>October 8, 1860</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>2</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Anthony C. McElroy

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

12. MAIDEN NAME OF MOTHER Margaret C. Irvine

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

14. INFORMANT Ernest H. McElroy
(Address) 809 Victor Bldg

15. FILED 12/28 1931 M. M. Coffey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1931, to Dec. 27, 1931, that I last saw him alive on Dec. 27, 1931, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Branchiopneumonia
131
101A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
not known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no, DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) James Middleton, M. D.

(Address) 424 N. Westfall Ave.
*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 Forest Hill DATE OF BURIAL 12/28 1931

20. UNDERTAKER Stine & McElroy ADDRESS 3233
Gilham Plaza

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.

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