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.

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

Do not use this space.

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 3624 Campbell St. Ward)

2. FULL NAME Elizabeth Burton Messick
(a) Residence, No. 3624 Campbell St., 6 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: Female
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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 21, 1848
7. AGE: YEARS 83 — MONTHS 10 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Jefferson Co. 2 Kentucky

FATHER
13. NAME: Samuel Messick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbyville Kentucky

MOTHER
15. MAIDEN NAME: Harriet Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrodsburg Kentucky

17. INFORMANT (ADDRESS): Harriet R. Hocker 3624 Campbell St
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Elmwood Crematory DATE 2-12 1932
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED 2/12 1932 M. M. Crowe asst Registrar

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 11, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1932, to Feb 11, 1932
I last saw her alive on Feb 11, 1932 Death is said to have occurred on the date stated above, at P m. 5:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Embolism	
Cerebral	

Other contributory causes of importance:
Arteriosclerosis
Age 6 (1)

Name of operation: 0 Date of: 0
What test confirmed diagnosis? 0 Was there an autopsy?

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?
If so, specify
(Signed) H. O. Leonard, M. D.
(Address) 1115 Grand Ave

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