

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.

12840

1. PLACE OF DEATH

County Jackson  
Township Kane  
City Kennett

Registration District No. 399  
Refugee Registration District No. 1007  
(No. St Marys Hospital)

File No. \_\_\_\_\_  
Registered No. 1782  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Maud Betworth McElroy  
(a) Residence, No. 1422 Ballfountain Ward 9  
(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>Wh</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>Alexander M. Elroy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 1890</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>17</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 1/2</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Mo</u>		
FATHER	13. NAME <u>Blank W. Woodsruff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston Ill.</u>	
	15. MAIDEN NAME <u>Ettie L. M. Kinser</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis. C.</u>	
17. INFORMANT <u>A. S. McElroy</u> (ADDRESS) <u>1422 Ballfountain</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Washington</u> DATE <u>April 29 1932</u>		
19. UNDERTAKER <u>Ketterlin</u> (ADDRESS) <u>2657 Indyc Ave</u>		
20. FILED <u>4/29 1932</u> M. M. Coroneo Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1932 to Apr 26 1932  
I last saw her alive on Apr 26 1932 Death is said to have occurred on the date stated above, at 4:10 AM.  
The principal cause of death and related causes of importance were as follows:  
General Peritonitis Date of onset Apr 23  
Local Peritonitis from Apr 18  
Salpingitis - Gonococcal  
Other contributory causes of importance:  
Salpingitis 35 1

Name of operation Hysterectomy Date of Apr 22  
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None 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 None  
(Signed) H. G. McKenna, M. D.  
(Address) 3552 Bldg Kennett

