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

Do not use this space.

9670

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Kansas — Primary Registration District No.: 1001 — Registered No.: 1274
City: K. C. Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME: Elsie M. Pine

(a) Residence, No. St., Ward. Tarsney Mo
(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: F
4. COLOR OR RACE: Wh
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): 3-28-1923

7. AGE: YEARS 9 70 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Tarsney Jackson Co Mo

FATHER
13. NAME: John W. Pine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana Co

MOTHER
15. MAIDEN NAME: Bertha Cummins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co Mo

17. INFORMANT (ADDRESS): Emmet Pine Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL: Tarsney Mo
PLACE: Kogher Cem DATE: 3-19 1933

19. UNDERTAKER (ADDRESS): G B Webb Blue Springs Mo

20. FILED: Mch 16, 1933 M. M. Cerbone Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1933, to 3-16, 1933
I last saw her alive on 3-16, 1933. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction due to intussecption (intussusception)

Date of onset

Other contributory causes of importance: 1223

1223

Name of operation — Date of
What test confirmed diagnosis? Lab 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, 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) J. G. Montgomery, M. D.
(Address) Mercy Hospital

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.