

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

Do not use this space.

19730

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4
Township Kaw Primary Registration District No. 1002 Registered No. 2443
City Kansas City, Mo. (No. Research Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3046 E. 82 St. _____ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Price Elliston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 | 7 | 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Highway Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31st

10. Date deceased last worked at this occupation (month and year) 30th 11. Total time (years) spent in this occupation over 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Mo. State Co Mo.

13. NAME Payne Elliston

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

15. MAIDEN NAME Sallie Jones

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

17. INFORMANT Mrs Pearl Price Elliston (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Weston Mo. DATE June 13 1933

19. UNDERTAKER Clyde Funeral Home (ADDRESS) 1800 Lawrence Blvd

20. FILED 6/12 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

3 Thursday
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6-33, 1933, to 6-11-33, 1933.

I last saw him alive on 6-10-33, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Uremia, Chronic Parenchymatous Nephritis
131
131
Other contributory causes of importance: abiotic stenosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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 smallpox

(Signed) W. M. Brown, M. D.
(Address) 126 W. ...

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.

30 46 8 32

Elliston Virgil H. age 57 passed away
Sunday 8:30 A. M. Research Hospital

~~Funeral~~ following several weeks illness

Survived by wife Mrs Pearl Price
Elliston ~~and~~ and his mother

Mrs Sallie Jones Elliston

of the home - Bro Woodie Elliston

Savannah Mo. Funeral Service Tues

2 P. M. Weston Mo Christian Church

Funeral Cortage will leave the home

11:30 P. M.

St Joseph Mo papers please copy
Eylon service