

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

Do not use this space.

**20003
2721**

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 7641) Forever

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Elizabeth Munn
 (a) Residence, No. 7641 Forever St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wedgew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1850
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Do not know

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs. Teleas 7641 Forever

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 6/27/33
WAS A FUNERAL HOME

19. UNDERTAKER (ADDRESS) 3126 Main St

20. FILED 6-30-33 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29-1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to June 29, 1933
 I last saw him alive on June 27, 1933 Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Branchio Pneumonia

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? None 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? No
 If so, specify _____ (Signed) Kenneth A. Davis, M. D.
 (Address) 3301 Woodland Kansas City, Mo.

WRITE PLAIN, 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.

16-36

31
32
33

Dealer Mr Lee Davidson
573 S Boyle Ave
Los Angeles Cal
Room 109

Harry Shantz
10017 Ward Dr
Detroit Mich

Dr K Davis
office 3301 Woodlawn
// Le 0906
~~Res 7805 E 33 Le 3685~~