

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

Do not use this space.

29607

1. PLACE OF DEATH
 County Jackson Registration District No. 389
 Township East Primary Registration District No. 389
 City Kansas City (No. Mercy Hospital) St. Mo. (Ward) 3520

2. FULL NAME Ellain Liston
 (a) Residence. No. 1720 Summit St. Mo. Ward. 3520
 (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 W 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) Nov. 4 - 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>6</u>	<u>10</u>	<u>1</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Minona Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Fred H. Liston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Minona Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hannis Hicks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ava Mo
 (STATE OR COUNTRY)

14. INFORMANT Fred H. Liston
 (Address) 1720 Summit

15. FILED 9/6 33 M. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5 1933

17. I HEREBY CERTIFY, That I attended deceased from 8/27, 1933, to 9/5, 1933 that I last saw him alive on 9/5/33, 1933, and that death occurred, on the date stated above, at 4:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10/15/33 36 10/15/33
Broncho pneumonia
Septicemia (Staphylococcus)
 (duration) yrs. mos. ds. 9
 CONTRIBUTORY (SECONDARY) Cellulitis of Rt leg
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.

2. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/28/33
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Blood Cultures
 (Signed) C. J. Ferguson M. D.
9/5, 1933 (Address) By E. C. Stefford M.D.

*State the DISEASE CAUSING DEATH or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Minona Mo DATE OF BURIAL Sept 6 1933

20. UNDERTAKER A. P. Doehler ADDRESS 1415 E 19

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.

OCT 20 1933

