

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

Do not use this space.

40300

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Haw Primary Registration District No. 2
 City Kansas City, Mo. No. 3378 Hickman Rd St. 5109 Ward

2. FULL NAME

Mamie Alma Eitzenhouser
 (a) Residence, No. 3318 Gillham Rd. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1906</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>5</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stenographer</u>		11. Total time (years) spent in this occupation <u>3</u>
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) <u>June 1, 1933</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hereford Texas</u>		
13. NAME <u>Alma Clay Eitzenhouser</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sacramento Calif.</u>		
15. MAIDEN NAME <u>Almija Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville Tenn.</u>		
17. INFORMANT (ADDRESS) <u>Almija Eitzenhouser 3318 Gillham Rd. - Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>Dec 29 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Carson Funeral Home Independence Mo.</u>		
20. FILED <u>12-29-33</u> <u>M. M. Crowe</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16 1933, to Dec 26 1933
 I last saw her alive on Dec 26 1933. Death is said to have occurred on the date stated above, at 6:57 P.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis Meningitis
23 A
25
24 P
23
 Other contributory causes of importance:
Bilateral Ulcerated Culmenary Tuberculosis
Retrolenticular Eustachian
 Name of operation None Date of _____
 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? _____ 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) Carl Ferris M. D.
 (Address) 434 Apple Bldg.

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.

26 1934

