

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

Do not use this space.

16716

1. PLACE OF DEATH

County Jackson Registration District No. 333
Township Kane Primary Registration District No. 1001
City Kansas City, Mo. (No. Murray Hospital) St. _____ Ward _____

File No. _____
Registered No. 2000
St. _____ Ward _____

2. FULL NAME E. Elizabeth C. Crook

(a) Residence No. 2401 Mc Coy 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 11 22

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

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) Kansas City Missouri

13. NAME Alfred A. Crook

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

15. MAIDEN NAME Veronica E. Dorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

17. INFORMANT Mrs. Veronica Crook (ADDRESS) 2401 Mc Coy

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. St. Marys DATE May 20 1934

19. UNDERTAKER John J. Shelton (ADDRESS) Kansas City Missouri

20. FILED May 10 1934 M. Th. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1934 to 5-9 1934

I last saw her alive on 5-9 1934 Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

Gastric Enteritis
Int. Hydrocephalus

Other contributory causes of importance 1205
87B
1106

Name of operation no Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury May 4, 1934

Where did injury occur? home
(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) H. C. Berger M. D.
(Address) 1306 Professional Bldg.
S. E. Stafford

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.

JUN 19 1934

Professor Day

Elizabeth C. Crook