

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

Do not use this space.

16801

1. PLACE OF DEATH

County Jackson
Township Kaw
City Keosauqua

Registration District No. 309
Primary Registration District No. 1008

File No. _____
Registered No. 257
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 1007 Park St., _____ Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 7 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 Calylee L. Elkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 14

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

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

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) Harmony Ark

13. NAME James King

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

15. MAIDEN NAME Blackburne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) L. L. Elkins
1007 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville Ark DATE May 16 1934

19. UNDERTAKER (ADDRESS) Wagner Funeral Home
East Broadway St

20. FILED May 16 1934 M. M. Crowe
Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to May 16, 1934.
Last saw her alive on May 15, 1934. Death is said to have occurred on the date stated above, at 10:55 a.m.

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

Pericarditis, Myocarditis, Dehydration, Carcinoma of Liver & Gall Bladder.

Other contributory causes of importance:
Metastasis of Breast Carcinoma, to Abdomen & Lungs.

Name of operation none Date of _____
What test confirmed diagnosis? May Was there an autopsy? No

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? _____
If so, specify _____
(Signed) 4816 E 9th St., M. D.
(Address) Kansas City Mo

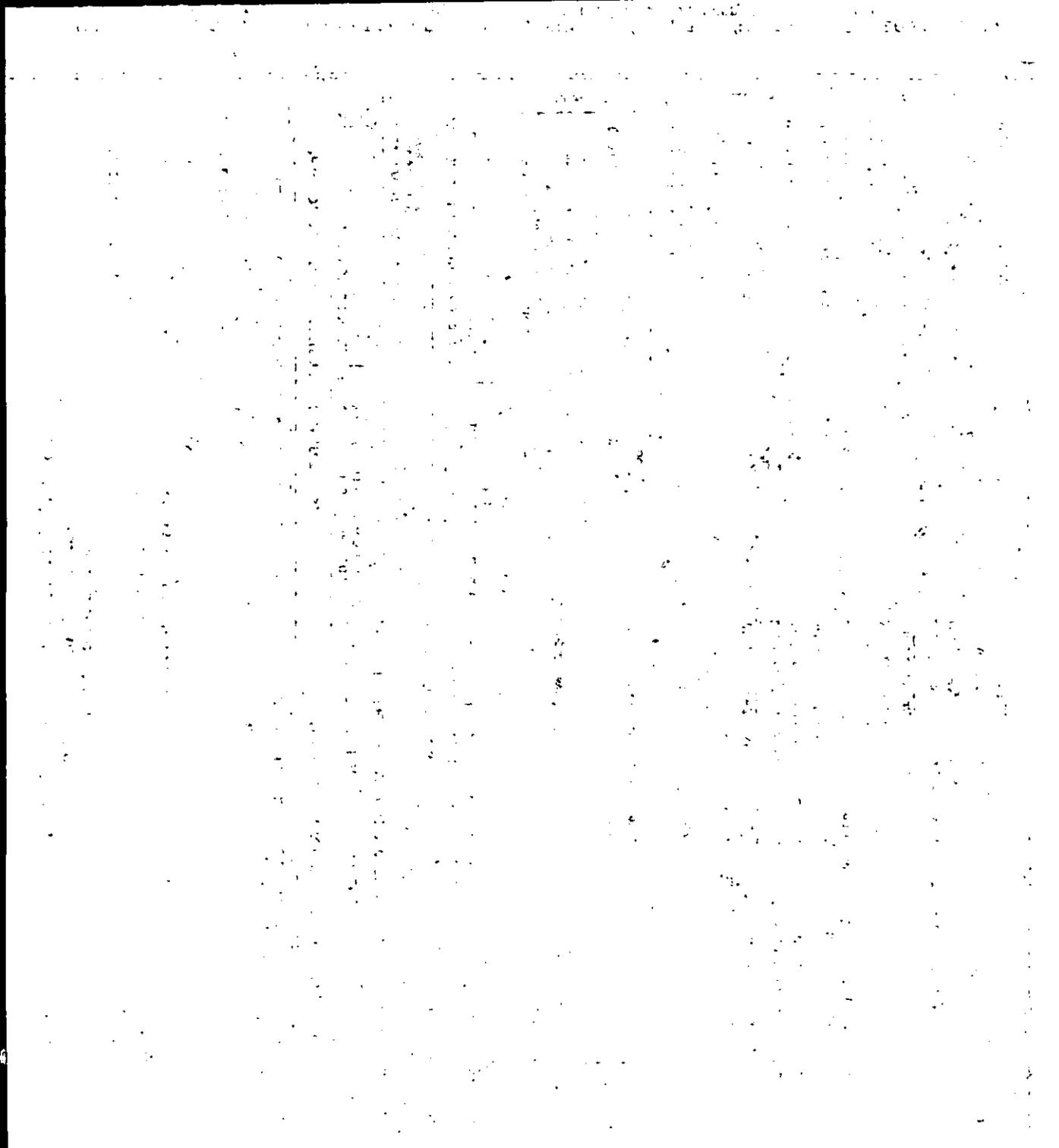
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934

2578

2

2



S-16801