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.

100M-11-24-33

FEB 19 1935

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

Do not use this space.

1234

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township — Primary Registration District No. — Registered No.
City Kansas City (No. 4228 Tracy Ave, St. Ward)

2. FULL NAME Eliza S Wilkinson
(a) Residence, No. 4228 Tracy Ave, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 1 1853

7. AGE: YEARS 81 — MONTHS 11 — DAYS 6 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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.
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): Browning Vermont

FATHER
13. NAME: Ichabod Robbins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

17. INFORMANT (ADDRESS): Miss Olive Wilkinson 4228 Tracy Ave,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cosha Rapids DATE: 1-9 1935

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel 104 West 42nd Street

20. FILED 1-8 1935 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Jan 7, 1935
I last saw her alive on Jan 7, 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 1-4-35 |

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Other contributory causes of importance: Ca of uterus — Indefinite

Name of operation: None — Date of
What test confirmed diagnosis? — 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) Eugene O. Parsons, M. D.
(Address) Plaza Bank Bldg K.C. 1140

1 [illegible]
[illegible] 31.
1.- 5. [illegible]