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

FEB 19 1935

Do not use this space.

File No. 1249

Registered No. 135

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: [illegible] — Primary Registration District No. 1002

City: Kansas City (No. 4622 East 43rd St. St. Ward)

2. FULL NAME Elizabeth Thomas

(a) Residence, No. 4622 East 43rd 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	1	13	

OCCUPATION

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

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) Missouri

FATHER

13. NAME John Sparks

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

MOTHER

15. MAIDEN NAME Mary Cartwright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT John Thomas
(ADDRESS) 4622 East 43rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan. 11, 1935

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Jan 9 1935 M. M. Lerow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935, to Jan 8, 1935

I last saw her alive on Jan 8, 1935. Death is said to have occurred on the date stated above, at 8 00 P m.

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

Myocarditis Chronic — Date of onset 1934

Other contributory causes of importance: Arteriosclerosis

Name of operation ... 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? ...

If so, specify ...

(Signed) J M Young, M. D.

(Address) 1400 S. [illegible] Blvd K.C.K.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10-M-11-24-33

Dr Young 1901 J W Blood