

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.

FEB 19 1935

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

Do not use this space.

1. PLACE OF DEATH *Little Sisters of the Poor*
 County *Jackson* Registration District No. *399*
 Township *Jean* Primary Registration District No. *1002*
 City *Kansas City, Mo.* (No. *5331*, *Highland Ave.*) St. _____ Ward _____

2. FULL NAME *Elizabeth Cordale*
 (a) Residence, No. *5331 Highland Ave.*, 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.

1256
 File No. _____
 Registered No. *1256*

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 24, 1865*
 7. AGE YEARS MONTHS DAYS if LESS than 1 day, _____ hrs. or _____ min.
69 3 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Nurse*
 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) *New York New York*

MOTHER FATHER
 13. NAME *Patrick King*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

MOTHER
 15. MAIDEN NAME *Anna Fitzgerald*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Sister Benedict* (ADDRESS) *5331 Highland Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marys* DATE *Jan 11, 1935*

19. UNDERTAKER *Quirk & Tabin Co.* (ADDRESS) _____

20. FILED *Jan 10 1935* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 9, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 9, 1935*, to *Jan. 9, 1935*. I last saw her alive on *Jan. 8, 1935*. Death is said to have occurred on the date stated above, at *8:45 A.M.*

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

Pneumonia (Bronchial)
1070
 Other contributory causes of importance: *Infection - Cold*
 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) *John O. Sherman* M. D.
 (Address) *1402 Grand Blvd.*

