

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

Do not use this space.

APR 26 1935

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

2. FULL NAME *Elizabeth Noellon*
 (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.

9152

File No. _____
 Registered No. *1008*

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 17, 1859*

7. AGE YEARS <i>75</i>	MONTHS <i>7</i>	DAYS <i>17</i>	IF LESS than 1 day, hrs. or min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

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) *No Record*

FATHER

13. NAME *Patrick Noellon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No Record*

MOTHER

15. MAIDEN NAME *Martha Bryant*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No Record*

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

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. Marys Cem.* DATE *3/12/35*

19. UNDERTAKER *Guirk & Tobey Co*
 (ADDRESS) *20 West Linwood*

20. FILED *3-12* 19 *35* *mmelove*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 15, 1930*, to *March 9, 1935*
 last saw her alive on *March 9, 1935* Death is said to have occurred on the date stated above, at *3:53 a.m.*
 The principal cause of death and related causes of importance were as follows:
Myocardial hypertension
107
 Other contributory causes of importance:
Essential hypertension
 Date of onset *1912*
6470

Name of operation _____
 What test confirmed diagnosis? *Physiologic* 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 *Paul Spurke*
 (Signed) _____, M. D.
 (Address) *1402 Bryant Blvd*
R.O. W.

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 OUTRADING MARKS—THIS IS A PERMANENT RECORD

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OR DEATH in plain

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

finished
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City (No. *Little Sisters of Poor*) St. Ward)

File No.
Registered No. *1098*

2. FULL NAME

Elizabeth Mellon

(a) Residence, No. 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 *76* 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *2/12 1935 M. M. Cerow* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-10-35*, 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw h. alive on

to have occurred on the date stated above, at

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

Maligant Hypertension Date of onset *1934*

Other contributory causes of importance:

essential Hypertension Eyes

No further information

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

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), M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Information should be carefully supplied. AGE should be stated EXACTLY. FATHERS AND MOTHERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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