MAY 24 1935

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

Do not use this space.

13016

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No.

Township ~~KAW~~ — Primary Registration District No. 908 — Registered No.

City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME MRS ELSIE LEE GROSS

(a) Residence, No. 4919-EAST-24TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-4-1894

7. AGE: YEARS 40 — MONTHS 9 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BEAUTY OPERATOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PROPRIETOR
10. Date deceased last worked at this occupation (month and year) APRIL 1935
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPICHARD MISSOURI

FATHER

13. NAME ENOCH COX
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PRINCETON MISSOURI

MOTHER

15. MAIDEN NAME IOLA PORTER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TRENTON MISSOURI

17. INFORMANT (ADDRESS) ORA MAE LAFFOON 6231-EAST-16TH ST. TERR.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ROSE HILL DATE APRIL-22 1935

19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS 2111-EAST-9TH ST.

20. FILED 4-22 1935 M.M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL-20 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935, to April 20, 1935
I last saw her alive on April 20, 1935 Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Edema & Congestion with Myocardial degeneration

Date of onset

34

Other contributory causes of importance:
Sedative Narcosis & vascular ~~lesion~~ syphilis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Peter F. DeMaria, M. D.
(Address) 405 Waldheim Bldg.

9:00 a. m.