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.

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

Do not use this space.

26620

SEP 25 1935

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township ~~Kaw~~ — Primary Registration District No. 1002

City Kansas City (No. 3218 Brighton St. Ward)

File No. — Registered No.

2. FULL NAME Elizebeth Haworth

(a) Residence, No. 3218 Brighton 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1880 March

7. AGE — Years: ~~59~~ 55 — Months: 5 — Days: Unk — If LESS than 1 day, ...hrs. or ....min.

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: Unknown

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Husband

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Floral Hills Cem. DATE: 8-27-35, 19..

19. UNDERTAKER (ADDRESS): Mellody-McGilley, Kansas City, Mo.

20. FILED: Aug 27, 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1935, to Aug. 24, 1935. I last saw her alive on Aug. 24, 1935. Death is said to have occurred on the date stated above, at 5 P.M. The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation — Date of onset

Other contributory causes of importance: Chronic Myocarditis.

Name of operation: None — Date of: —

What test confirmed diagnosis? Symptoms — Was there an autopsy? No.

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) O. H. Butler, M. D.

(Address) 3700 Benton Blvd.