

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

Do not use this space.

DEC 26 1935

36270

1. PLACE OF DEATH

County Jackson Registration District No. 329
 Township _____ Primary Registration District No. 1002
 City Kansas City (No. 5510 Jackson) St. _____ Ward _____

File No. _____
 Registered No. 5203
 St. _____ Ward _____

2. FULL NAME Flora B. Elliot

(a) Residence, No. 5510 Jackson St. _____ Ward: _____
 (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. (If nonresident, give city or town and State)

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 I. D. Elliot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 18

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) Wisconsin

13. NAME John Beeson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbiano County Ohio

15. MAIDEN NAME Hulda Jane Bell

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

17. INFORMANT Mrs. James E. Bickerdike
 (ADDRESS) 5510 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill? KS DATE Nov. 28, 1935

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

20. FILED 11-26-35 M. M. Crowe, esq.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1935 to Nov 26, 1935

I last saw her alive on Nov 25, 1935 Death is said to have occurred on the date stated above, at 6 a. m.

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

Bronchial Pneumonia
Myocarditis etc

Date of onset
10 days
?

Other contributory causes of importance:

Cancer of Oesophagus - squamous
4 x 2 cm Oct 8-35

Name of operation none Date of _____
 What test confirmed diagnosis? physician's report 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) Dr. J. W. Crowe, M. D.

(Address) 220. 1/2 St. Bery

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.

WHITE PERMIT, WITH UPDATING INK—THIS IS A PERMANENT RECORD

Dr. Owen Krueger
Argyle Bldg.
VI. 4960

Handwritten: 2/28 3:30