MAR 16 1936

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

Do not use this space.

File No. 10645

Registered No. 1312

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Place~~ — Primary Registration District No. 100
City Kansas City (No. 4632 Terrace St. Ward)

2. FULL NAME Elizabeth Wright La Coss
(a) Residence, No. 4632 Terrace 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry L. Coss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1878
7. AGE Years 57 Months 2 Days 11 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) Wisc.

FATHER
13. NAME Spaneding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. C. S. Porter
(ADDRESS) 913 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial P.K. DATE Mch 12 1936

19. UNDERTAKER Mrs. C. L. Porter
(ADDRESS) 918 Brooklyn, Kan.

20. FILED Mch 11 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936 to Mch 10, 1936
I last saw her alive on March 10, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	
9 d	

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation Manual Expulsion Date of
What test confirmed diagnosis? 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) C. C. Cypreme, M. D.
(Address) 3400 Kansas Blvd

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.

33x Karnes

Cyrene

WL 4734

3300 Karnes