WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

JUN 7 1936

Do not use this space.

19650

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City, Mo. (No. 6028 East 15th Terrace St. Ward)

2. FULL NAME Mrs. Elsie L. Parker

(a) Residence, No. 6028 East 15th Terrace, 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Oliver T. Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 19, 1884

7. AGE: YEARS 52 — MONTHS 2 — DAYS 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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): Ill

FATHER

13. NAME: John B. Ogle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Margaret
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Oliver T. Parker, 6028 East 15th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE May 29-36, 19

19. UNDERTAKER (ADDRESS): C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C. Mo.

20. FILED May 28, 1936 M. M. Crowe, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to May 27, 1936

I last saw her alive on May 27, 1936. Death is said to have occurred on the date stated above, at 9 PM m.

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

Bronchial Pneumonia — Date of onset

50

Other contributory causes of importance:

Carcinoma involving the lungs

Primary in Breast

Name of operation Removed at breast — Date of 1933

What test confirmed diagnosis? Clinical — 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) E. C. Rumsey, M. D.

(Address) 311 Argyle Bldg

Argyle Bldg.