

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

Do not use this space.

25563

1. PLACE OF DEATH

County Buchanan

Township Washington

City St. Joseph

Registration District No. 201

Primary Registration District No. 201

(No. 2809 St. Joseph Avenue)

File No. 921

Registered No. 921

St. Ward

2. FULL NAME

Elizabeth Abercrombie

(a) Residence, No. 2809 St. Joseph Avenue 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. N. Abercrombie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 25, 1858

7. AGE YEARS 77 MONTHS 7 DAYS 16 IF LESS than 1 day, hrs. 26 or min.

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) Missouri

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Pemberton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. B. P. Abercrombie 3904 Harrison, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE July 13, 1936

19. UNDERTAKER (ADDRESS) Stine & McClure, 3235 Gillham Pl Kansas City, Missouri.

20. FILED July 11, 1936 H. J. Butcher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936 to July 11, 1936

I last saw him alive on July 10, 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Myocarditis Chronic
Arteriosclerosis
Coronary Sclerosis

Other contributory causes of importance: 131
Arteriosclerosis General
Nephritis Chronic

Name of operation Date of
What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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
Also, specify

(Signed) H. J. Butcher M. D.
(Address) 301 Pop & Sang Bldg St. Joseph, Mo.

