FEB 25 1937

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

Do not use this space.

1680

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 3312 Campbell St. Ward)

2. FULL NAME R. L. Elkins
(a) Residence, No. 3312 Campbell St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 22, 1873
7. AGE: YEARS 63 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1
10. Date deceased last worked at this occupation (month and year): 1
11. Total time (years) spent in this occupation: 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fayette Mo 16

FATHER
13. NAME: Corey L. Elkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER
15. MAIDEN NAME: Elizabeth Linginfelter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Miss Elizabeth Ferguson, 1109 E. Armour
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fayette, Mo. DATE Jan. 28, 1937
19. UNDERTAKER (ADDRESS): QUIRK & TOBIN CO, 20 West Linwood
20. FILED Jan 27, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/25/37, 19
22. I HEREBY CERTIFY, That I attended deceased from Sparty Corner, 19, to, 19
I last saw h... alive on 5:15 P 19 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis — Date of onset
Other contributory causes of importance:
Name of operation: Autopsy — Date of ...
What test confirmed diagnosis? Was there an autopsy? yes
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?
If so, specify
(Signed) [signature], M. D.
(Address) [illegible]

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.

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