

MAR 13 1937

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

Do not use this space.

6291

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 2306 Myrtle St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Hattie A. Eldridge

(a) Residence, No. 2306 Myrtle 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lyman W. Eldridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 8 27

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) Pennsylvania

13. NAME Wm. Henry Fulkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Mary Mumford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Miss Mae Eldridge
(ADDRESS) 2306 Myrtle, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE not known DATE 2/5 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gilham Plaza

20. FILED 2-6- 1937 M. M. Lawrence
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1935, to Feb - 5 - 1937

I last saw her alive on Feb 4 - 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Aneurysm Fibrous
Aortic aneurysm
Chronic myocarditis
General atherosclerosis

Date of onset
5 years
"
"
"
"

Other contributory causes of importance:
92

Name of operation clinical examination 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) Marcus H. Bell, M. D.
(Address) 1424 Cong. Bldg

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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M. M. Lawrence
Registrar

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