APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 1602 — File No. 9734

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

City Kansas City (No. 5538, Euclid 9 St. [illegible] Ward)

2. FULL NAME Elizabeth E. Longfellow

(a) Residence, No. ..... St., ... Ward. Eureka Springs, Arkansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis M. Longfellow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	11	12	

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) Indiana

FATHER

13. NAME Elliott Sharp

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

MOTHER

15. MAIDEN NAME Esther English

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

17. INFORMANT (ADDRESS) Lewis H. McArthur 5538 Euclid, Kansas City, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Eureka Springs, Arkansas DATE March 24, 1937

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

20. FILED 3-25, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch. 23, 1937, to Mch. 24, 1937

I last saw her alive on Mch. 24, 1937. Death is said to have occurred on the date stated above, at P. m. 3:30

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

Apoplexy — Date of onset

8 2 a 1

Other contributory causes of importance:

Arteriosclerosis

Name of operation ✓ 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?

If so, specify

(Signed) M. B. Ketron, M. D.

(Address) Kansas City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.