

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Jew Primary Registration District No. 1002
 City Kansas City (No. 610 St. 43rd Terr.) 7 St. DEERY Ward)

2. FULL NAME Henry Elliott
 (a) Residence, No. 610 St. 43rd Terr. 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.

File No. 22711
 Registered No. DEERY
 St. DEERY Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Col.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/37
 22. I HEREBY CERTIFY that I attended deceased from _____, 19____
Agnes Crow
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) link 1882
 7. AGE YEARS 55 MONTHS _____ DAYS _____
 IF LESS than 1 day, _____ hrs. _____ min.

The principal cause of death and related causes of importance were as follows:
Carcinoma of the right bronchus
 Date of onset _____

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

Other contributory causes of importance: 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

MOTHER FATHER
 13. NAME Moses Elliott

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

15. MAIDEN NAME Julia link

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

17. INFORMANT Julia Elliott
 (ADDRESS) 610 St. 43rd Terr.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland DATE 6/10 37

19. UNDERTAKER (ADDRESS) Hatchers Bros
1704 Lydia
49 37 St. W. Crown

20. FILED _____ 1937 _____
 Registrar.

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 of injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) [Signature] M. D.
 (Address) _____

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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