

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

Do not use this space.

22767

JUL 10 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City K.C. Mo. (No. 5418 St. John) File No. _____
 Registered No. _____ St. _____ Ward _____

2. FULL NAME Mrs. Elizabeth M. Van Buskirk
 (a) Residence, No. 5418 St. John 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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward C. Van Buskirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>235</u>	<u>70</u>	<u>6</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

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) Two Rivers, Wis.

13. NAME Patrick McLaughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast, Ireland

15. MAIDEN NAME Margaret Kal Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kil Kenney, Ireland

17. INFORMANT Edward C. Van Buskirk
 (ADDRESS) 5418 St. John

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE June 14, 1937

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED of 13 1937 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to June 11, 1937
 I last saw h. d. alive on June 11, 1937. Death is said to have occurred on the date stated above, at 7:45 m. pm

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

Cerebral Haemorrhage Date of onset 6/4/37
of last
 Other contributory causes of importance: Arterio Sclerosis

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

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) R. A. Williams, M. D.
 (Address) 5400 St. John Ave

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.

9
15
15

K.C. Mo

