

JUN 12 1937

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

Do not use this space.

18884

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rain Primary Registration District No. 100v
City Kansas City, Mo. (No. 214) Holmes St. 2 Ward

File No. 2530
Registered No. 2530

2. FULL NAME

Emma Charlotte Elliott

(a) Residence, No. Brownington MO. St. 7 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Charles Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 - 1868

7. AGE YEARS 64 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. or min.

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

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) Waverly, Ohio

13. NAME Anquet Dody - Germany

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

15. MAIDEN NAME Minie Pacific Germany

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

17. INFORMANT Ruby Elliott (ADDRESS) 4114 Holmes Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington Mo DATE May 6 1937

19. UNDERTAKER C.A. Ricketts (ADDRESS) Brownington Mo

20. FILED May 11 1937 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 4 1937

I last saw him/her alive on May 4 1937 Death is said to have occurred on the date stated above, at 6:40 P.M.

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

Progressive heart failure

920

Other contributory causes of importance: Chronic Endocarditis (mitral insufficiency)

Name of operation none Date of no

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 C.C. Remley (Signed) M. D.
(Address) 206 Argyle Bldg. Kansas City, Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FETTERLANS 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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