

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Be stated EXACTLY. PHYSICIANS should state

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6157

1 PLACE OF DEATH

County Jackson
Township Law
or
Village
or
City Kansas City

Registration District No. 1002 File No. 387
Primary Registration District No. 1002 Registered No.
St. Wabash Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Mrs Ellen Ricketts

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED OR DIVORCED widow
(Write the word)

6 DATE OF BIRTH Oct. 12 1851
(Month) (Day) (Year)

7 AGE 65 yrs. 4 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work home 46
(b) General nature of industry business, or establishment in which employed (or employer) " 130

9 BIRTHPLACE (City or town, State or foreign country) Sweden

PARENTS
10 NAME OF FATHER Sven Martinson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Sweden
12 MAIDEN NAME OF MOTHER not known
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. P. Hammer
(Address) 4220 Wabash

15 FEB 2nd 1917
Filed 1917 Geo. L. Lapham
Registrar

4 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 25 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 10th 1917 to Feb 25th 1917
that I last saw her alive on Feb 25th 1917
and that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:
Suspected Carcinoma of Liver and Stomach
Acute (Duration) 3 yrs. 3 mos. 4 ds.

CONTRIBUTORY Acute uremia Painful
(Secondary) Acute nephritis yrs. mos. ds. 4
(Signed) E. W. Rice M. D.
2-27th 1917 (Address) 27th & S. 10th St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Mt Washington DATE OF BURIAL 2-28 1917

20 UNDERTAKER Eylar & Braumock Undertaking Co ADDRESS 1401 Main St

