

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

1 PLACE OF DEATH

County Jackson
Township Kantz
or
Village
or
City Kansas City, Mo (NO. Reserve Hospital St. _____ Ward)

Registration District No. _____ File No. 33883

Primary Registration District No. _____ Registered No. _____

2 FULL NAME Ellen James Cotton

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Oct 11 1887
(Month) (Day) (Year)

7 AGE 21 yrs 11 mos 13 ds. 11 LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Kansas City, Mo

PARENTS
10 NAME OF FATHER J. M. James
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri
12 MAIDEN NAME OF MOTHER Laura E. Wood
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kans

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Courtenay H. Cotton
(Address) 4343 Harrison St

15 File No. Oct 24 1918 Registrar John W. Wagner

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 24 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 8 1918 to Oct 24 1918, that I last saw him alive on Oct 24 1918 and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* was as follows:
11A
107A Bronchopneumonia 10

(Duration) yrs. mos. ds.
CONTRIBUTORY Influenza & Child Birth
(Secondary)
(Signed) Geo. T. Anderson M. D.
Oct 24 1918 (Address) 605 Bryant Bldg

*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 21 yrs. 13 ds.
State

Where was disease contracted Kansas City, Mo
if not at place of death?
Former or usual residence 1134 37 Harrison

19 PLACE OF BURIAL OR REMOVAL St Marys DATE OF BURIAL Oct 25 1918

20 UNDERTAKER John W. Wagner ADDRESS 1409 Grand

