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

Do not use this space.
27456

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: K.C. Mo
Registration District No.: 399
Primary Registration District No.: 1002
(No. Old City Hospital St. Ward)
File No.
Registered No.

2. FULL NAME: Rose, Ellis
(a) Residence. No. 13th Lydia St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: a a
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 3, 1864

7. AGE: 63 YEARS | MONTHS | DAYS: 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Alto Rose
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Va
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Cynthia Homes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Va
(STATE OR COUNTRY)

14. INFORMANT: Henry Rose
(Address) 13th & Lydia

15. FILED 9/30, 1927 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/26/ 1927

17. I HEREBY CERTIFY, That I attended deceased from 9/5/ 1927 to 9/26 1927 that I last saw h. m. alive on 9/26/ 1927 and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis, Chronic
23A
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pulmonary T-B.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? complete Physical & Spec
(Signed) H. M. Smith, M. D
9/27, 1927 (Address) Old City Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Blue Ridge Lawn
DATE OF BURIAL: Oct 1-1927

20. UNDERTAKER: Watkins Bros
ADDRESS: 1729 Lydia

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.

Colored