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

Do not use this space.

17100

1. PLACE OF DEATH
County: Jackson Registration District No.: 399 File No.:
Township: Raw Primary Registration District No.: 1002 Registered No.: 20170
City: Kansas City (No. 1511 Cottage. St. Ward)

2. FULL NAME: Ella Dysart
(a) Residence. No. 1511 Cottage 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: Fe.
4. COLOR OR RACE: Col.
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): Apr 5 1850

7. AGE: Years 78 | Months 1 | Days | If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: Wm Hicks.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unk.

14. INFORMANT: Richard Dysart.
(Address): 1511 Cottage

15. FILED: May 9, 1928 M. L. Rosove Acting REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/5 1928

17. I HEREBY CERTIFY, That I attended deceased from 5/5/28, 19..., to 5-5-28, 1928, that I last saw h. alive on May 3 1928, and that death occurred, on the date stated above, at 9:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
BOA
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Unknown
(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? Physical Exam.
(Signed) J. H. Booker, M. D.
5/9, 1928 (Address) 2128 Vine St.

*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: 5-10 1928
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.

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

Booker.