

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**

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township KAW
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Luke's Hospital)

File No. 1762
Registered No. 354
St. Ward

2. FULL NAME Ella Virginia Landreth

(a) Residence. No. Little Santa Fe, Mo. Ward. Little Santa Fe, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 13th, 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
13 10 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None- in school
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Martin City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Charles W. Landreth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Evelyn Holloway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Evelyn Landreth
(Address) Little Santa Fe, Mo.

15. FILED 1-24-29 M. M. Green
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929, to Jan 22, 1929
that I last saw her alive on Jan 22, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute peritonitis

117A (duration) _____ yrs. _____ mos. 18 ds.

CONTRIBUTORY Perforated appendix
(SECONDARY)

(duration) _____ yrs. _____ mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Santa Fe, Mo.

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 20-1929

WAS THERE AN AUTOPSY? no (refused)

WHAT TEST CONFIRMED DIAGNOSIS? Cholecyst

(Signed) E. L. Miller, M. D.

Jan 23, 1929 (Address) 800 Realto Bldg

*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**DATE OF BURIAL**Belton Mo.1/25/29 19**20. UNDERTAKER**R. V. Lindsey & Sons**ADDRESS**K. C. Mo.

