

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

Do not use this space.

267013305

1. PLACE OF DEATH

County Jackson Registration District No. 39
Township Kaw Primary Registration District No. 002
City Kansas City, Mo. (No. 4521 Prospect Ave.) St. _____ Ward _____

2. FULL NAME Mrs. Ella Trimmer

(a) Residence. No. 3741 Colcord St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode) (If of foreign birth?)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 8 0

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) Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER Jesse Trusley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Charles B. Trimmer
(Address) Lee Bldg. K.C. Mo.

15. FILED 8/9 30 M. M. Crow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 6th, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1930 to Aug 6, 1930
(that I last saw her... alive on Aug 6, 1930, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Euremic Poison

CONTRIBUTORY Chronic Nephritis (duration) 20 yrs. 2 mos. 23 ds.
Old Age (duration) 10 yrs. 11 mos. 03 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
1924 Ill W
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST-CONFIRMED DIAGNOSIS? Uremic
(Signed) J. E. Surger, M. D.
86. 19 30 (Address) 4525-Prospect

*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 Forest Hill DATE OF BURIAL 8/11 30

20. UNDERTAKER Freeman Mortuary, 104 W 42nd Street
ADDRESS

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.

4588 Prospect.

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