

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

Do not use this space.

17863

2

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Kansas City

Registration District No. 398  
Primary Registration District No. 5554

File No. \_\_\_\_\_  
Registered No. 200  
Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 39 1/2 Blue Ridge Blvd.  
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 10, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 6 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Contractor Painter  
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired 10 years)  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kenton County  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER John Ellis

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

12. MAIDEN NAME OF MOTHER Mary Carlisle

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

14. INFORMANT J. J. Ellis  
(Address) 39 1/2 + Blue Ridge Blvd.

15. FILED May 23, 1931 F. L. Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to May 22, 1931  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 3:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial Degeneration

CONTRIBUTORY (SECONDARY) ecchymosis

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF May 23, 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) [Signature], M. D.

5/23, 1931 (Address) Indpls Ind

\*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 May 28 1931

20. UNDERTAKER D. H. Newcomer's Sons ADDRESS 2111 E. 9<sup>th</sup> St.

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.

APR 26 1931

