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.

AUG 26 1931

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

Do not use this space.

24913

File No.

Registered No. 238

1. PLACE OF DEATH

County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Independence (No. Harris & Indep. Road. St. Ward)

2. FULL NAME Ella Elizabeth Cramer

(a) Residence, No. Harris & Indep. Road St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, ~~HUSBAND OF~~ (OR) WIFE OF Ernest Wm. Cramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo.

FATHER

13. NAME John P. Caddell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Mary Gillispie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. Ethel Cramer
(ADDRESS) Harris & Indep. Road.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 7-6- 1931

19. UNDERTAKER H. W. Stahl
(ADDRESS) Independence, Mo.

20. FILED July 3, 1931 F. Cook
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to July 1, 1931

I last saw her alive on June 27, 1931. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease.	
131	
95B	

Other contributory causes of importance: Chr. Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George C. Lee, M. D.

(Address) 1002 Argyle Bldg. Kansas City, Mo.