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

Do not use this space.

34625

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1007
City K.C.MO. (No. 2009 Troost Ave St. Ward)

File No.
Registered No. 4844

2. FULL NAME Mrs Ellen Locke
(a) Residence, No. 2009 Troost Ave, St., 4 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Bocke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6th 1878

7. AGE: YEARS 53 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
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): Ark.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER
15. MAIDEN NAME: Anna Bolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Mrs Hazel Roberst, 2009 Troost Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pierson Kansas DATE 10-27-31, 19

19. UNDERTAKER (ADDRESS): H. B. Moore, 1820 East 18th St. K.C.MO.

20. FILED 10/27, 1931 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-24-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1931, to 10/23, 1931
I last saw her alive on Oct 23, 1931. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Uterine Carcinoma
48
69B
48

Date of onset

Other contributory causes of importance:
Laxemia

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Thos. A. Jones, M. D.
(Address) 1612 6th St

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.

Dr T.A.Jones
1612 E.12TH St,
Ha.6336