

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

Do not use this space.

34679

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3521 Central)

Registration District No. 5  
Primary Registration District No. 5

File No. 4401  
Registered No. 4401  
St. 5 Ward

**2. FULL NAME** Mrs. Emily H. Ellis

(a) Residence, No. 3521 Central St. St. 5 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 43 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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1860  
7. AGE YEARS 71 MONTHS 2 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Illinois (STATE OR COUNTRY)

13. NAME Joseph E. Roy

14. BIRTHPLACE (CITY OR TOWN) New Jersey (STATE OR COUNTRY)

15. MAIDEN NAME Emily Hatch

16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

17. INFORMANT Mr. Edgar C. Ellis (ADDRESS) 3521 Central St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Nov. 3, 1931

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K.C. Mo

20. FILED 11-2-31 M. M. Corvone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31-31 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1931, to Oct 31, 1931

I last saw her alive on Oct 20, 1931. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Coronary Occlusion Date of onset 10-31-31  
93 C.  
9/1/31  
Chronic Myocarditis independent

Other contributory causes of importance:

93 C.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? history 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) M. M. Corvone, M. D.

(Address) Kans City Mo

818 Professional

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. J. B. Smith

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