

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

Do not use this space.

1041

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 70
 Township Kaw Primary Registration District No. 1002 Registered No. _____
 City Kansas City (No. Wesley Hospital) St. _____ Ward) _____

2. FULL NAME Mrs. Ellen Garrison

(a) Residence, No. _____ St. _____ Ward. Flemington, Mo.
 (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. 5 How long in U. S., if of foreign birth? 48 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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William A. Garrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 8

OCCUPATION 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) (STATE OR COUNTRY) Nova Scotia

FATHER 13. NAME Duncan R. Crockett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

MOTHER 15. MAIDEN NAME Ellen Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

17. INFORMANT J. D. Crockett, (ADDRESS) 1900 Central, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood, Mo DATE Jan 11th 1932

19. UNDERTAKER Moricians Service Co (ADDRESS) 819 East 31st

20. FILED Jan 10 1932 M. M. Croove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1932, to Jan 9th, 1932. I last saw him alive on Jan 9th 10:00 P.M. 1932. Death is said to have occurred on the date stated above, at 1:35 P.M. The principal cause of death and related causes of importance were as follows:

Myocarditis, Acute Date of onset 1/8/32
Chronic Nephritis
Paronychia

Other contributory causes of importance:
Chronic Nephritis
Paronychia
 Name of operation Hysterectomy Date of 1/6/32
 What test confirmed diagnosis? laboratory 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) J. D. Robertson, M. D.
 (Address) 926 East 11th St. Perry

