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.

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

Do not use this space.

23050

File No. 2964

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City K.C.Mo. (No. 3310 College St. Ward)

2. FULL NAME Mrs. Ellen C. Hovey

(a) Residence, No. 3310 College St., 14 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1896

7. AGE: YEARS 36 — MONTHS 2 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary 256

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Swedish American Savings & Loan Assn. 25

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): Kansas City, Mo. 1

FATHER

13. NAME: G. H. Holm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden 24

MOTHER

15. MAIDEN NAME: Hulda A . Nork

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas 2

17. INFORMANT (ADDRESS): G. A. Holm, 3310 College, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE 7-30-32, 19

19. UNDERTAKER (ADDRESS): R.V.Lindsey & Sons, Inc. K.C.Mo.

20. FILED 7/30, 1932 M. M. Crowe Ant. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28-32, 19

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to July 28, 1932

I last saw her alive on July 28, 19 8:30 AM 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:

Pulmonary Tuberculosis — Date of onset

23A

23

1

Other contributory causes of importance:

Gastro-intestinal Tuberculosis

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Chas. F. Clark, M. D.

(Address) Kansas City, Mo.