

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

Do not use this space.

35656

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2034 Penn)

Registration District No. 390
Primary Registration District No. 1002

File No. 4153
Registered No. 4153 St. _____ Ward)

2. FULL NAME Ellen Jackson

(a) Residence, No. 2034 Penn St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A.O. Jackson.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6. 1855.</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>England</u>		
FATHER	13. NAME <u>Joseph Gaskin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England.</u>	
MOTHER	15. MAIDEN NAME <u>Ellen Jackson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England.</u>	
17. INFORMANT <u>A.O. Jackson,</u> (ADDRESS) <u>2034 Penn St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington</u> DATE <u>Nov. 7. 1932</u>		
19. UNDERTAKER <u>Gates Funeral Home</u> (ADDRESS) <u>Kansas City Kans.</u>		
20. FILED <u>11-7-32</u> <u>M.M. Crowe</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 5. 1932

22. I HEREBY CERTIFY that I attended deceased from Nov. 30th, 1932, to Nov. 5th, 1932.
I last saw her alive on Nov. 4th, 1932. Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis
Heart Failure
Myocardial Infarction
Arteriosclerosis (D)

Date of onset 11/3/32

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Exam. 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. H. White M. D.
(Address) 1303 Wall Street, Bldg 196, Mo.

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.

3824 - Laurel