

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

Do not use this space.

39545
4543

1. PLACE OF DEATH

County Gallatin Registration District No. _____
Township Edw Primary Registration District No. _____
City Kansas City (No. 7-C General Hosp) St. _____ (Ward) _____

2. FULL NAME

Delliah Ellis Mrs. Delliah Ellis
(a) Residence, No. 3315 E. 14th St. 11 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
42 2 24

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7-35
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) mo.

13. NAME Chas Verden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

15. MAIDEN NAME Alice Jeck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT (ADDRESS) Reward Clerk
7-C Gen. Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Dec. 4-32-19

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

20. FILED 12/2 1932 W.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1932, to 12-2, 1932. I last saw him alive on 12-2, 1932. Death is said to have occurred on the date stated above, at 10:05.

The principal cause of death and related causes of importance were as follows:
Toxic myocarditis
following the procedure
Balloid Notes
Other contributory causes of importance: 66A
66E
93A

Name of operation Thyroidec. Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) J.H. Bennett, M. D.
(Address) 7-C Gen. Hosp KCMO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

