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.

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

Do not use this space.

3980512

File No.

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No.
Township Kaw — Primary Registration District No.
City Kansas City (No. General Hosp #2 St. Ward)

2. FULL NAME Ella Menefee
(a) Residence, No. Jackson Co. Home for the Aged. (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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1875

7. AGE YEARS 57 MONTHS 75 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo.

FATHER
13. NAME L. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12/19 1932

19. UNDERTAKER (ADDRESS) Watkins Bros. Undt Co. 1729 Lydia

20. FILED 12/17 1932 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-20-32, 19.., to 12-14-32, 19..
I last saw her alive on 12-14-32, 19.. Death is said to have occurred on the date stated above, at 5:15 AM.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Endocarditis
92A
Date of onset

Other contributory causes of importance:
Hypostatic Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) General Hospital #2