

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.

39919

1. PLACE OF DEATH

County JACKSONRegistration District No. 382Township KAWPrimary Registration District No. 1002City KANSAS CITYNo. 112 CYPRESSFile No. 4927Registered No. 4927

St. _____ Ward)

2. FULL NAME MRS. ELLEN A. DAVIS(a) Residence, No. 112 CYPRESS St., 10 Ward.

(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)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OFEUGENE G. DAVIS

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

SEPTEMBER-19-1846

7. AGE

86

YEARS

3

MONTHS

3

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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)

YOUNG STOWN ?

(STATE OR COUNTRY)

NEW YORK

13. NAME

W. D. CLARK

FATHER

14. BIRTHPLACE (CITY OR TOWN)

UNKNOWN

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

SARAH E. CHUBBUCK

16. BIRTHPLACE (CITY OR TOWN)

UNKNOWN

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

MRS. MARTHA HOPKINS
112 CYPRESS ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. WASHINGTON DATE 12-24 1932

19. UNDERTAKER

(ADDRESS)

D.W. NEWCOMER'S SONS
2111 EAST 9TH ST.

20. FILED

12/23 1932M. Jerome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 22 193222. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 22, 1932.I last saw her alive on Dec 16, 1932 Death is saidto have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

laborious hyper-carditis - arteri-sclerosis936824827

Other contributory causes of importance:

beriberihypertensionageaggravated

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Dec, 1932

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) W. L. Ray, M. D.(Address) 321 Alton Rd.

W. H. A. Day

321- Altman Bldg.

10-12; 3-6