

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

Do not use this space.
29944

3948

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kansas City (No. General Hosp) St. _____ Ward _____

2. FULL NAME Ella Cottrell
 (a) Residence, No. 501 Highland 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.

File No. _____
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28 1867</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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>Ill.</u>		
MOTHER	13. NAME <u>Phillips Rundle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Louisa Ewing</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Reuben Clark</u> (ADDRESS) <u>1225 E. 12th St. Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Greenwood</u> DATE <u>Oct-7-33</u>		
19. UNDERTAKER <u>Quirk & Talin</u> (ADDRESS)		
20. FILED <u>Oct 7 1933</u> <u>in Crowe</u> <u>east</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-6 1933, to 9-19 1933
 Last saw her alive on 9-19 1933 Death is said to have occurred on the date stated above, at 8:30 PM
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
23A
 Other contributory causes of importance: None

Name of operation None 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) P. J. De Maria, M. D.
 (Address) 90-33 East 12th

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.

THE STATE BOARD OF HEALTH
OF MISSOURI

JAMES STEWART, M.D.
STATE HEALTH COMMISSIONER
JEFFERSON CITY, MO.