EB 27 1934

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.

1242

1. PLACE OF DEATH
County Jackson — Registration District No. 38[illegible] — File No. 215
Township Kaw — Primary Registration District No. [illegible] — Registered No.
City Kansas City, Mo. (No. Trinity Lutheran Hosp. St. ..... Ward)

2. FULL NAME Ethel Tivol
(a) Residence, No. 5235 Lydia St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-34
7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ... hrs. or 45 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) K. C. Mo

FATHER
13. NAME Ira M. Tivol
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Mo

MOTHER
15. MAIDEN NAME Peggy Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

17. INFORMANT (ADDRESS) Ira M. Tivol 5235 Lydia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hospital DATE Jan 5 1934

19. UNDERTAKER (ADDRESS) ✓

20. FILED Jan 15 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to Jan 4, 1934
I last saw her alive on Jan 4-35 minutes later 1934. Death is said to have occurred on the date stated above, at 1:08 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
RESPIRATORY PARALYSIS	
15"	
158	

Other contributory causes of importance:
ANENCEPHALIS
MULTIPLE ANOMALIES

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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. L. Jones M.D., M. D.
(Address) Genepa Ka.