

MAR-24 1934

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

Do not use this space.

5059

785

## 1. PLACE OF DEATH

County Jackson Registration District No. 349  
Township Kenn Primary Registration District No. 1002  
City Kansas City (No. St. Josephs Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Mrs. Ella Jarratt

(a) Residence, No. 2825 Belleview St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Arthur Jarratt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 9 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 1210  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 36  
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. Missouri

FATHER  
13. NAME Martin McCann

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

MOTHER  
15. MAIDEN NAME Catherine McCann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotia Rd

17. INFORMANT Arthur Jarratt  
(ADDRESS) 2825 Belleview

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 2/19/34, 1934

19. UNDERTAKER Quirk & Tobin Co.  
(ADDRESS) 20 West Linwood

20. FILED 7/17, 1934 M. M. Connor  
Dech Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1934, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to 2/16, 1934  
I last saw her alive on 2-16, 1934 Death is said to have occurred on the date stated above, at 5:15 P M  
The principal cause of death and related causes of importance were as follows:

Septicemia from Appendicitis Date of onset Nov 30 1934  
Appendicitis  
See 5 weeks before operation

Other contributory causes of importance:  
none

Name of operation appendectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? absc. 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. W. Dech, M. D.  
(Address) 235 Third

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.

