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

Do not use this space.

20450

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 20450

Township Kaw — Primary Registration District No. 399 — Registered No. 20450

City Kansas City (No. 5824 Cherry St. Ward)

2. FULL NAME Emma Dice Ellis

(a) Residence, No. 5824 Cherry 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L. O. Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 10, 1880

7. AGE: YEARS 53 — MONTHS 7 — DAYS 2 — 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) (STATE OR COUNTRY): Utica, Missouri

FATHER

13. NAME: Turhand Renfre Dice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland, Ohio

MOTHER

15. MAIDEN NAME: Evaline Haynie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock, Arkansas

17. INFORMANT (ADDRESS): Carolyn Ellis, 5824 Cherry St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Forest Hill Cemetery DATE: June 14, 1934

19. UNDERTAKER (ADDRESS): Stins & McClure, 3235 Gillham Place

20. FILED: 6-13-1934 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to June 12, 1934

I last saw her alive on May 12, 1934. Death is said to have occurred on the date stated above, at P. m. 8:30

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

	Date of onset
Chronic myocarditis	
117A	
93C	

117A2

Other contributory causes of importance: Gastric ulcer

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

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? no

If so, specify

(Signed) J. M. Frankenburger, M. D.

(Address) 524 Brady Bldg.

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.

JUL 17 1934

2 2 2 — 2 2 2

2- 4 - Rialto Bldg