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

Do not use this space.

SEP 20 1934

File No. 29290

Registered No. 3707

1. PLACE OF DEATH

County: Jackson

Township: ~~Kansas~~

City: Kansas City (No. 6021 Ward Parkway St. Ward)

Registration District No.: 2 0

Primary Registration District No.: 1 0 0 3

2. FULL NAME: Ethel Long Wilson

(a) Residence, No. 6021 Ward Parkway 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: Victor Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1887

7. AGE: Years 47 Months 5 Days 23 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): Kansas City, Missouri

FATHER

13. NAME: John Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Emma Stutts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Chas. Elliott, 4945 Troost Avenue

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mail Vault DATE: Aug. 11, 1934

19. UNDERTAKER (ADDRESS): Stine & McClure, 2235 Gillham Place

20. FILED: 8-9-1934 M. M. Gerardi Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Aug 8, 1934

I last saw h. alive on Aug 8, 1934. Death is said to have occurred on the date stated above, at 6 P. m.

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

	Date of onset
Myocardial degeneration acutely 936	2 yrs 3 mo
Other contributory causes of importance:	
Pneumonia edema	1 month
Pulmonary edema	28 days

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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) Lustry S. Rulon, M. D.

(Address) 1132 Professional 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.