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.

29333

SEP 20 1934

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3750

Township — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Mrs. Ella Knurck

(a) Residence, No. 2935 Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe.	Wh.	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jno. H. Knurck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 70 yrs. Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70 yrs			

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) Ireland

FATHER

13. NAME No Data

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

MOTHER

15. MAIDEN NAME No Data

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

17. INFORMANT (ADDRESS) Carl Knurck Indianapolis Ind.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's Cem. DATE 8/13/34 19

19. UNDERTAKER (ADDRESS) [illegible] City

20. FILED 8-11 1934 M M Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 - 1934, to Aug. 9 - 1934

I last saw her alive on Aug. 8 1934. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

	Date of onset
Nephritis,	
1320	
191	

191

Other contributory causes of importance:

Heath Exustion

Name of operation None Date of

What test confirmed diagnosis? Rob. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph H. [illegible], M. D.

(Address) 208 Night Bldg.