NOV 13 1934

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

Do not use this space.

33084

File No. 4129

Registered No.

Registration District No. 399

Primary Registration District No. 3992

1. PLACE OF DEATH
County Jackson
Township Kansas
City Kansas City (No. 5125 Swope Parkway St. Ward)

2. FULL NAME Arabella Ely

(a) Residence, No. 5125 Swope Parkway 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-5-1856

7. AGE: Years 78 | Months 0 | Days 24 | 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): Ohio

FATHER

13. NAME: Nelson B. Ely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Mary E. Grove
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Nettie Horne Records, 5125 Swope Parkway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery DATE Oct. 2, 1934

19. UNDERTAKER Stone & McClure Und. Co.
(ADDRESS) 3235 Gillham Plaza K.C. Mo.

20. FILED 10/2, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Sept 29, 1934
I last saw her alive on Sept 29, 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.,
The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset 9/20-34

10 A / 6 7 d

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) John G. Lapp M. D.
(Address) 1314 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.