

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

Do not use this space.

5586

MAR 20 1935

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City, Mo.

No. 1207 W. 20th St. Terrace

File No. \_\_\_\_\_  
 Registered No. 180  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Ellen B. Tufts

(a) Residence, No. 1207 W. 20th St. Terrace 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Tufts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1855

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

79 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Ill

FATHER 13. NAME Hale Powers

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Archie L. Powers  
1207 W 20th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Feb. 26-35

19. UNDERTAKER (ADDRESS) C. H. Blackman & Son, Inc.  
2825 Indep. Blvd. K. C. Mo.

20. FILED 125 19 31 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25-35

22. I HEREBY CERTIFY, That I attended deceased from 1925 19 Present 19 Present

I last saw her alive on Feb. 23 3:45 AM 35 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Chronic Myocarditis

93

Other contributory causes of importance: Senility

Name of operation None 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? None 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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Not

If so, specify \_\_\_\_\_

(Signed) D. O. Klehinger M. D.

(Address) 615 Angelle 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.

WHILE FILING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

