JUL 22 1935

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

Do not use this space.

19999
2644

File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Registration District No. 396
Township
Primary Registration District No. KCK
City Kansas City (No. 3044 Grand St. Ward)

2. FULL NAME Ellen Bethena Addison
(a) Residence, No. Dunlap, Mo. 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. 1 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/23/1852

7. AGE: Years 82 | Months 6 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) 6/35
11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Ill.

FATHER
13. NAME Geo. W. George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Nancy Likes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Lee J. Evans
(ADDRESS) 2615 Grandview KCK

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton, Mo. DATE 7/2 1935

19. UNDERTAKER Geo. H. Long Mortuary
(ADDRESS) K C K

20. FILED 6/29 1935 M. M. Cromwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9th 35, to June 29 1935
I last saw her alive on June 28th 35. Death is said to have occurred on the date stated above, at 7:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other contributory causes of importance:
General Arteriosclerosis
Senility

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [illegible], M. D.
(Address) 1020 Argyle Bldg
126 mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Lilly

Argyle
Vic 9670