

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

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.

JAN 23 1936

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

Do not use this space.

39489

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kenn Primary Registration District No. 1021  
City Kansas City, Mo. No. 3235 Morrell

File No. \_\_\_\_\_  
Registered No. 4625  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Effie E. Ticknor

(a) Residence, No. 3235 Morrell St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. David Ticknor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 2 15

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) Kansas

13. NAME Perry Snider

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

15. MAIDEN NAME Sarah Thomas

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

17. INFORMANT A. David Ricknor  
(ADDRESS) 3235 Morrell, E.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Moriah Cem. DATE Dec. 6-35 19. \_\_\_\_\_

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

20. FILED 1275 1935 M. M. Cron  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3-35 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1935, to Dec 3 1935  
I last saw her alive on Dec 1 1935. Death is said to have occurred on the date stated above, at 11:05 m. PM  
The principal cause of death and related causes of importance were as follows:

Date of onset Oct 6 - 1935  
Appoplexy  
Other contributory causes of importance Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. L. Lowe D.O. M. D.  
(Address) 504 Commerce Bldg

