

JAN 23 1936

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

Do not use this space.

39794

4937

1. PLACE OF DEATH

County Jackson  
Township Kear  
City Kansas City (No. 2700 Campbell)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

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

2. FULL NAME

(a) Residence, No. 2700 Campbell 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. 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 15-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 3 9

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

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) Pleasanton Kansas

13. NAME Daniel D. Henson

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

15. MAIDEN NAME Mary E. Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence mo

17. INFORMANT (ADDRESS) Mrs Olive Hare 3205 East 60

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn's Bur DATE December 29 1935

19. UNDERTAKER (ADDRESS) John J. Sheehan Kansas City mo

20. FILED 12-58, 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to Dec 25, 1935

I last saw her alive on Dec 24, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

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

Paraplegia Date of onset \_\_\_\_\_

Other contributory causes of importance:

Hypertension

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) G. W. Stowell M.D.  
(Address) 404 Westover Bldg.

Delivered to King  
J

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township K. G. mo  
City K. G. mo (No. ....)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 4937  
St. .... Ward)

**2. FULL NAME**

Lila Ethel Ernst

(a) Residence, No. .... 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 10.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 3 9

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 1/28 1935 M M Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... I last saw h..... alive on ....., 19..... 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:

paralytic cerebral hemorrhage  
Date of onset

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 G. H. Stowell Osteopath M. D. (Signed) H. O. Westover M. D. (Address) K. G. mo

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