

MAR 21 1936

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

Do not use this space.

5974

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 1322, E 27th St)

File No. 788
Registered No. 788
St. _____ Ward _____

2. FULL NAME

Mrs Ella Anna Strine

(a) Residence, No. 1322 E 27th 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)

Widow

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

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

March 30-1852

7. AGE

YEARS

83

MONTHS

10

DAYS

12

If LESS than 1 day, _____ hrs. or _____ min.

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)

Nashville, Tenn

13. NAME

Joseph N. Horr

FATHER

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

Vermont

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS) Mill S Strine
1322 E 27th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Floral Hills DATE Feb 14 1936

19. UNDERTAKER

(ADDRESS) Magnay Funeral Home
204 W. Linwood

20. FILED

2/13 1936 m.m. Grove

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1936, to 2/12, 1936
I last saw her alive on 2/12, 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Branchial Pneumonia
1072
Other contributory causes of importance:
Acute Myocarditis

Date of onset
2/1/36

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? _____
(S. ecify 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) S. R. Russell M. D.
(Address) 3231 E 11th

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.

3011a Independence

Be 4263

Be 725

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