SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 31142
Township Kan — Primary Registration District No. ..... — Registered No. 3941
City N.C. Mo. (No. Research Hosp. St. ..... Ward)

2. FULL NAME Cora Ernst
(a) Residence, No. 3624 Wabash 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-30-1871

7. AGE Years 64 Months 8 Days 24 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME David M. Lasley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Jane H. Mattingly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Mrs. W. E. Richards Hutchison, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lyons-Ks. DATE Aug-26-36

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn, Avenue

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1936, to Aug. 24, 1936
I last saw her alive on Aug. 25, 1936 Death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt. Ovary	[illegible]

Other contributory causes of importance: 49

Name of operation Colostomy Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) H. H. Johnstone, M. D.
(Address) 333 Lathrop 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.

Lathrop Bldg.
Vi-4478 - 2.30 -