

FEB 25 1937

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

Do not use this space.

1333

120

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1220 Brushcreek)

Registration District No. 399
Primary Registration District No. 1002

File No. 120
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Mary Ellen Travis
1220 Brushcreek

(a) Residence, No. _____ 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Harrison County
(STATE OR COUNTRY) Missouri

13. NAME Birdine Taylor

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

15. MAIDEN NAME Mary Hunt

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

17. INFORMANT John Travis
(ADDRESS) 1220 Brushcreek

18. BURIAL, CREMATION, OR REMOVAL PLACE Blythedale Mo. DATE Jan - 10 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS) Brushcreek & Paseo

20. FILED 1-8 1937 M.M. Crowe, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1937 1937

22. I HEREBY CERTIFY That I attended deceased from Sept 17, 1936, to Jan 8, 1937.
I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 4:00am.
The principal cause of death and related causes of importance were as follows:

Acute myocarditis.

Date of onset

Other contributory causes of importance:
Calamitous influenza
arteriosclerosis

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 _____, 1937.

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? no
If so, specify _____

(Signed) A.P. Campbell, M. D.
(Address) 1220 Blythedale

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.

Rialto Bay 1-15