

MAR 10 1937

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

Do not use this space.

6186

1. PLACE OF DEATH

County **Jackson**

Registration District No. **399**

Township **Kaw**

Primary Registration District No. **1002**

City **Kansas City** (No.)

File No.

Registered No. **502**

FULL NAME **Ellen Bauswell**

(a) Residence, No. **4119 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Fe** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 31 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **Jan 29 1937**, to **Jan 30 1937**

I last saw her alive on **Jan 30 1937** Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 27 1847**

to have occurred on the date stated above, at **12:15** m.

7. AGE YEARS **89** MONTHS **11** DAYS **4** If LESS than 1 day, hrs. or min.

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

Influenza Date of onset

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

Chrom Endocarditis
asthma

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) **Jackson** (STATE OR COUNTRY) **Ohio**

Name of operation Date of

What test confirmed diagnosis **clinical** Was there an autopsy? **Yes**

13. NAME **James Jenkins**

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

15. MAIDEN NAME **Unknown**

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

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

17. INFORMANT **Mary E Bauswell** (ADDRESS) **4119 Campbell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Maple Hill** DATE **Feb 1 1937**

19. UNDERTAKER **Eylar Funeral Home** (ADDRESS) **K. C. Mo**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **[Signature]** M. D.

(Address) **344 W. ...**

20. FILED **John M. Corone** Registrar.

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.

THIS IS A PERMANENT RECORD

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