

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.

SEP 21 1937

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

Do not use this space.

29658

1. PLACE OF DEATH

County Jackson
Township Law
City McClellan

Registration District No. 100
Primary Registration District No. 100
(No. Mary Hosp)

File No. 29658
Registered No. 29658
St. Mo Ward 1

2. FULL NAME

SHIRLEY RAE ELLIS

(a) Residence, No. 5115 HIGHLAND St. 1 Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 8, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 10 28

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

13. NAME JACOB ELLIS

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

15. MAIDEN NAME MILDRED MALAMUD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH MO

17. INFORMANT JACOB ELLIS
(ADDRESS) 5115 HIGHLAND

18. BURIAL, CREMATION, OR REMOVAL PLACE SHRETTIELD DATE 8-6-37

19. UNDERTAKER J. P. Lewis
(ADDRESS) 3400 Woodland

20. FILED 8-6-37 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1937, to August 6, 1937

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Non-Hemolytic
Sheep Donsellitis
1150

Other contributory causes of importance: Bronchopneumonia

Name of operation none 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 —
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) J. P. Lewis M. D.
(Address) 710 Prop Bldg

Mr Parkula -

1 Birth

Ronald - 8 yrs

1 Sister

Brendy Elaine - 5