JAN 17 1938

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

Do not use this space.

44063

File No. 4966

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 / 1002

Township: Kaw — Primary Registration District No.

City: Kansas City, Mo. (No. St. Marys Hospital, K. C. Mo. St. Ward)

2. FULL NAME Sarah I. Ellerkamp,

(a) Residence, No. 4444 Prospect Avenue, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8th, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	68	4		

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. 23

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) Texas 2

FATHER

13. NAME Wiley Hulsey 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala. 31

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) J.J.Ellerkamp, 4444 Prospect Av., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE Dec. 11- 1937

19. UNDERTAKER (ADDRESS) Mrs. C.L.Forster, K.C.Mo.

20. FILED Dec 10, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..., 1937, to Dec 8th, 1937

I last saw her alive on Dec 7th, 1937. Death is said to have occurred on the date stated above, at 2:00 A.M.

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

	Date of onset
Cerebral Thrombosis	?
Encephalomalacia	
5213	

Other contributory causes of importance: Diabetes

Name of operation None 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? No

If so, specify

(Signed) Paul L. Stookey, M. D.

(Address) Argyle Bld Kansas City Mo

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.