

REC'D APR 23 1938

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

Do not use this space.

9797

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RawPrimary Registration District No. 100City Kansas City(No. Dr. Marty's Clinic, 815 McGee St. St. 1262 Ward)2. FULL NAME Ella Frances Knight 523(a) Residence, No. 226 North 23 St., K.C. Kansas Ward. Kansas City Kansas
(Usual place of abode)Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward L. Knight6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>11</u>	<u>11</u>	

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.

10. Date deceased last worked at this occupation (month and year) March-1938 11. Total time (years) spent in this occupation 4612. BIRTHPLACE (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Pennsylvania13. NAME Isaac Scotthorn14. BIRTHPLACE (CITY OR TOWN) Pittsburgh
(STATE OR COUNTRY) Penna.15. MAIDEN NAME Charity May Shipley16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)17. INFORMANT Mrs. Edwin E. Venard
(ADDRESS) 3110 North 18 St., K.C. Kans.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 3/21/3819. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas20. FILED Mon 21 1938 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 19 3822. I HEREBY CERTIFY, That I attended deceased from March 13th 1938 to March 18th 1938
I last saw her alive on March 18th 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Pneumonia - Lobar Date of onset 3/10/38

Other contributory causes of importance

Chronic Diabetes
20 years standingName of operation None Date of None
What test confirmed diagnosis? None23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19 NoneWhere did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury None
Nature of injury None24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None(Signed) L. A. Marty, M. D.
(Address) 815 McGee

Dr. Muntz
Va. 3897
815 m. l. e.