REC'D APR 15 1938

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

Do not use this space.

File No. 10966

Registered No. 90

1. PLACE OF DEATH
County: Jackson
Township:
City: Independence
Registration District No. 398
Primary Registration District No. 3019
(No. Independence Sanitarium & Hospital St. Ward)

2. FULL NAME: Baby Ellsworth 4 2. 6
(a) Residence, No. 318 S. Mersington St., Ward. K. C. Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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 (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23, 1938

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: XXXXXXXXX
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: XXXXXXXXXXXX
10. Date deceased last worked at this occupation (month and year): XXXXX
11. Total time (years) spent in this occupation: XXXXX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence Missouri 0

FATHER
13. NAME: Oscar Ellsworth 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo. 0

MOTHER
15. MAIDEN NAME: Mackey Fern Finch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Odessa Missouri

17. INFORMANT: Mrs. Mary Ellsworth
(ADDRESS) 318 S. Mersington K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mound Grove DATE: March 25, 1938

19. UNDERTAKER: H. W. Stahl Funeral Home
(ADDRESS) 815 W. Maple Ave. Independence, Mo.

20. FILED 3-28-38 H. R. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1938, to ..., 19..
I last saw h. alive on Mar 23, 1938. Death is said to have occurred on the date stated above, at 11:50 P. m.
The principal cause of death and related causes of importance were as follows:

Born with heart beating
Absence of Cerebral cortex
and Cranium.
Never breathed

Date of onset

Other contributory causes of importance: ✓

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 ..., 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?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD