

REC'D MAY 10 1939

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

Do not use this space.

13994

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo.(No. Research Hospital St. Ward)File No. Registered No. 17482. FULL NAME Mrs. Lorah Ethel Ellis(a) Residence, No. 723 Fuller St. 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Ellis		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/27/1887		
7. AGE 51	YEARS	MONTHS 10
		DAYS 28
		If LESS than 1 day,hrs. ormin.

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.
	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) Mo.13. NAME Leon Todd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Elizabeth Russell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Elmer Ellis (husband)
(ADDRESS) 723 Fuller St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove, Mo. DATE 4/28/3919. UNDERTAKER Shell Funeral Home
(ADDRESS) 6606 Indep. Ave.20. FILED Apr 26 1939 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-193922. I HEREBY CERTIFY, That I attended deceased from 4-22-1939, to 4-25-1939.I last saw her alive on 4-25-1939. Death is said to have occurred on the date stated above, at p. m.

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

Pulmonary Edema. Date of onset 6/6/39Other contributory causes of importance Bran atrophy, embolism, hyperthyroidism.Name of operation..... Date of yesWhat test confirmed diagnosis?..... Was there an autopsy? yes23. 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 Small Beech(Signed) Small Beech M. D.(Address) 924 Prof. St. K.C. Mo.

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

MARCO RESERVED FOR BINDING

V. S. N. 2
10094-11-24-33

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.

