

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

Do not use this space.

26208

3116

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township _____ Primary Registration District No. _____
City Kansas City (No. 2943 Monroe) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Ella Sarah Scott

(a) Residence, No. 1932 N. 27 St., K.C. Kansas Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William A. (Bert) Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24, 1875</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>5</u>	DAYS <u>19</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
	10. Date deceased last worked at this occupation (month and year) <u>Aug., 1931</u>
	11. Total time (years) spent in this occupation <u>40</u>

12. BIRTHPLACE (CITY OR TOWN) Vance
(STATE OR COUNTRY) Kansas

MOTHER / FATHER	13. NAME <u>Asa Ellis</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Henry County</u> (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Katherine King</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)

17. INFORMANT Bert Scott
(ADDRESS) 1932 N. 27 St., K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8/13/32

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED 8/13 1932 M. M. Crome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to 8-12, 1932

I last saw him alive on 8-10, 1932 Death is said to have occurred on the date stated above, at 10:45 A. M.

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

Date of onset _____
Carcinoma Ovaries. 1929
40 yr
10/2/31
Other contributory causes of importance:
Asperteron

Name of operation Cystectomy Date of 10-7-30
What test confirmed diagnosis? Microscopic and where an autopsy? no

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) L. J. Barron, M. D.
(Address) 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.

Dr. Barney -
Hunts - Bldg.