

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

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.

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

Do not use this space.

29149

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 1021 Forest Avenue)

File No. 3623
Registered No. 3623
St. _____ Ward _____

2. FULL NAME Ellen E. Corson
(a) Residence, No. 1021 Forest 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. L. Corson.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1847</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>4</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		
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) <u>Illinois</u>		
13. NAME <u>Dr. J. A. Cole</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Nancy May</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>Dr. E. Alma Lane</u> (ADDRESS) <u>1021 Forest Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cemetery</u> DATE <u>Sept 26, 1937</u>		
19. UNDERTAKER <u>Stue & McChure</u> (ADDRESS) <u>3235 Gillham Place</u>		
20. FILED <u>9/26</u> 19 <u>37</u> <u>M. M. Cook</u> Registrar.		

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937 to Sept 24, 1937
I last saw him alive on Sept 23, 1937. Death is said to have occurred on the date stated above, at P. 3:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic Cardiac Renal disease. Date of onset _____
Senility 95B
Other contributory causes of importance: Senility (D)

Name of operation _____ Date of _____
What test confirmed diagnosis? Fluor. + Scler. + scope Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) James E. Walker, M. D.
(Address) 1424 Poplar Rd.

Professional Bldg