

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

Do not use this space.

8959

File No. _____
Registered No. 1155 St. _____ Ward _____

APR 25 1934

1. PLACE OF DEATH
County JACKSON Registration District No. _____
Township RAW Primary Registration District No. _____
City KANSAS CITY (No. 6431; BALTIMORE St. _____ Ward _____)

2. FULL NAME MRS. AGNES MULLENDOR
(a) Residence, No. 6431 - BALTIMORE 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>JACOB C. MULLENDOR</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY 22 - 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>7</u>
	DAYS <u>20</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	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>PLEASANT RIDGE MISSOURI</u>		
FATHER	13. NAME <u>SAMUEL STONE ELLIS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PLEASANT RIDGE MISSOURI</u>	
MOTHER	15. MAIDEN NAME <u>ELYN V. BROWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VIRGINIA</u>	
17. INFORMANT <u>MR. PAUL E. MULLENDOR</u> (ADDRESS) <u>6431 - BALTIMORE AVE.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WHITING, KANS.</u> DATE <u>MARCH 14 1934</u>		
19. UNDERTAKER <u>D.W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u> <u>1109 1/2 N. 34th St. W. Over</u>		
20. FILED <u>Nov 12 1934 M. M. Over</u> <u>Regist.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Mar 12 1934
I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:40 Am.
The principal cause of death and related causes of importance were as follows:
Chr. interstitial nephritis
Chr. myocarditis
Intense arteriosclerosis
13
8/22
Other contributory causes of importance: hemiplegia - 1 year duration

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? no
If so, specify _____
(Signed) Wm. Jackson, M. D.
(Address) 602 Bridge Bldg

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.

602 Argyle Bldg.

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