

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

Do not use this space.

OCT 17 1935

29620

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002
 (No. 4035 South Benton)

File No. 2004
 Registered No. 0-2-051
 St. _____ Ward _____

2. FULL NAME John H Ellis

(a) Residence, No. 4035 South Benton St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/35 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Eltha Ellis

22. I HEREBY CERTIFY, That I attended deceased from 9/17/35, 1935 to 9/18/35, 1935
 I last saw him alive on 9/18/35, 1935. Death is said to have occurred on the date stated above, at 2:20 P M

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1882

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

7. AGE YEARS 53 MONTHS _____ DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

Cerebral thrombosis
Arteriosclerosis
Fracture
 Date of onset 3 mo
 Other contributory causes of importance: Arteriosclerosis Fracture
 Date of onset 11 mo

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec & Treas of Brotherhood of Railway Carmen

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) Shelby (STATE OR COUNTRY) North Carolina

13. NAME J. H. Ellis

14. BIRTHPLACE (CITY OR TOWN) Lumberton (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Daniel Etta Webb

16. BIRTHPLACE (CITY OR TOWN) Shelby N Carolina (STATE OR COUNTRY) _____

17. INFORMANT Charles Ellis (ADDRESS) Kaw & Spawings

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE 9/21/35 1935

19. UNDERTAKER (ADDRESS) Juirk & Tobin Co. 20 West Linwood

20. FILED Sept 19 1935 M. M. Corwin Registrar.

Name of operation Gas Date of 11/17/35
 What test confirmed diagnosis? Arteriosclerosis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935
 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) M. M. Corwin, M. D.
 (Address) 1500 West 14th

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

107

