

SEP 29 1936

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

Do not use this space.

30850

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 7021 Paseo)

Registration District No. 379
Primary Registration District No. 1002

File No. _____
Registered No. 3544 (Ward) _____
St. _____

2. FULL NAME Mrs. Louise J. Ellison

(a) Residence, No. 7021 Paseo St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 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 (<i>write the word</i>) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1853				
7. AGE YEARS 82	MONTHS 9	DAYS 8	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home			
	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) Kentucky				
FATHER	13. NAME John Thompson			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky			
MOTHER	15. MAIDEN NAME Eliza Emmons			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky			
17. INFORMANT Mrs. Walter J. Brockhouse (ADDRESS) 7021 Paseo				
18. BURIAL, CREMATION, OR REMOVAL PLACE Peculiar, Mo. DATE Aug. 9 19 36				
19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) Kansas City, Missouri				
20. FILED Aug 7 1936 M. M. Crown Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 6, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 7, 1936**, to **Aug 6, 1936**
I last saw him alive on **Aug 6, 1936** Death is said to have occurred on the date stated above, at **11 P. m.**
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 9/2
8 2 1
Date of onset _____

Other contributory causes of importance:
Senility
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? **Paralysis** Was there 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? _____
If so, specify _____
(Signed) **Dr. S. S. Shiner**, M. D.
602 Argyle Bldg.
(Address) _____

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

2:30 - 5 P.M.