JUL 10 1937

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

Do not use this space.

22865

File No.
Registered No. 29[illegible]

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 5608 Paseo 2 St. Ward)

2. FULL NAME Ella Crahan

(a) Residence, No. 5608 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Illinois

FATHER

13. NAME Martin Reedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Whalen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. T. E. Landers
(ADDRESS) 3428 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yates Center, Ks DATE 6-23-37 19

19. UNDERTAKER QUIRK AND TOBIN CO.
(ADDRESS) 20 W. Linwood

20. FILED 6/22 1937 M. Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Several Years 19 to June 20 1937

I last saw h[illegible] alive on June 20 19 Death is said to have occurred on the date stated above, at 6 P.M.

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

Carcinoma of stomach — Date of onset: Year Ago

Other contributory causes of importance: Fractured Rt Hip. Injured Ankle, Fall. Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury June 15 1937
Where did injury occur? Kansas City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Acc Fall
Nature of injury Fractured Rt hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John [illegible] M. D.
(Address) 1402 Bryant Kc 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.

WRITE PLAINLY WITH INK. MISTAKES IN A LEGAL RECORD

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