

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

Do not use this space.

22400

1. PLACE OF DEATH

32 County DeKalb Registration District No. 239
Township Camden Primary Registration District No. 3359B
City Maysville (No. _____, _____ St. _____ Ward)

2. FULL NAME

Cisbey Ellen Henry

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. ~~REMARIED~~ WIDOWED ~~BY~~ DECEASED
HUSBAND OF (OR) WIFE OF John G. Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 1 8

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) Mt. Vernon Ohio

13. NAME Thomas T. Ideh

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

15. MAIDEN NAME Isabelle Black

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

17. INFORMANT Mrs Chas Brant
(ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Maysville DATE 7/19 32 19

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Maysville Missouri

20. FILED July 18 1932 2 Phelps Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 32

22. HEREBY CERTIFY, That I attended deceased from March 20 32 to July 17 32

I last saw her alive on July 17 32 Death is said to have occurred on the date stated above, at 11 A. M.

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

Acute nephritis
Myocarditis

Date of onset March 1932

Other contributory causes of importance:

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) Clarence Johnson, M. D.
(Address) Maysville, 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.

