

MAY 3 1928

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

Do not use this space.

12256

1. PLACE OF DEATH

County Benton
Township Rindsey
City _____ (No. _____)

Registration District No. 61
Primary Registration District No. 5097

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Mrs Ellen Commons

(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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) do
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER do

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) do
(STATE OR COUNTRY)

14. INFORMANT M H Tindell
(Address) Warrens mo

15. FILE NO. 5711, 1928 Jas A Hogan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 6 1928

17. I HEREBY CERTIFY, That I attended deceased from none, 1928, to none, 1928, that I last saw h. or alive on none, 1928, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
apoplexy
821
17401
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? George J. Logans
(Signed) James S Logans, M. D.
1928 (Address) Warrens mo corner

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rebo Cemetery DATE OF BURIAL Apr 8 1928

20. UNDERTAKER J. B. Lincoln 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.

