WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

15412 ~~15145~~

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 4346

City St Louis (No. 4517, Cote Brilliant St. ..... Ward)

2. FULL NAME Ella McAnally

(a) Residence. No. 4517 Cote Brilliant St., 11 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF James R. McAnally

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29-1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	0	21	

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) Williams Co.
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Eliah Dorris

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

12. MAIDEN NAME OF MOTHER Sarah Wilkins

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

14. INFORMANT Mr. James R. McAnally
(Address) 4517 Cote Brilliant

15. FILED APR 21 1928 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4.20 1928

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1928, to Apr. 20, 1928 that I last saw her alive on 4-20, 1928, and that death occurred, on the date stated above, at 530 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of Intestines
11B (Intussusception)
129B
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) La Grippe
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? 118 (B)
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. J. Kemp, M. D
4/20, 1928 (Address) 1209 N Grand

*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	DATE OF BURIAL
Johnson City Ill	4-20 1928
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton ave