

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

Do not use this space.

16860

1. PLACE OF DEATH

County Prundy

Registration District No. 330

Township Trenton

Primary Registration District No. 3017

City Trenton (No. 1417)

East 13th

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Elene Lacie Ditch

(a) Residence. No. 1417 E. 13th St. 4th Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>1</u>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work none
- (b) General nature of industry, business, or establishment in which employed (or employer) _____
- (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo

10. NAME OF FATHER Wm Ditch

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

12. MAIDEN NAME OF MOTHER Lillie Haney

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

14. INFORMANT (Address) Am Ditch Trenton Mo

15. FILED May 28 1928 E. A. Duffey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY That I attended deceased from May 27, 1928, to May 28, 1928 (that I last saw him alive on May 28, 1928, and that death occurred, on the date stated above, at 1 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac disease
congenital
157C

CONTRIBUTORY (SECONDARY)

157B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) W. H. Kelso, M. D.

(Address) Trenton Mo

*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 Maple Grove DATE OF BURIAL May 29 1928

20. UNDERTAKER R. H. Hemley & Co ADDRESS Trenton 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.

1524

6

