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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 16454

Township..... Primary Registration District No. 1003 Registered No. 4554

City..... (No. 3427 Washington Ave St. Ward)

2. FULL NAME Ella Terrell

(a) Residence. No. 3221 La Salle St., 18 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: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-1-1884

7. AGE: 44 YEARS, MONTHS: 7, DAYS: 14. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): [illegible]
(STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: Mack Kenney
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Mollie Haines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn

14. INFORMANT: Geo Connie
(Address): 3226 Lasalle

15. FILED APR 19 1929, 19..... Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/15/29

17. I HEREBY CERTIFY, That I attended deceased from 3-30, 1929, to 4-15-29, 19..... that I last saw her alive on 4-15-29, 19....., and that death occurred, on the date stated above, at 5:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Degenerated Fibroid
1398 uterus
548
129 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pelvic Abscess - Peritonitis (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4/2/29
WAS THERE AN AUTOPSY? Partial
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C.A. Rosenbaum, M. D
, 19 (Address) 3427 Washington

*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: Father Dickson
DATE OF BURIAL: 4-19 1929

20. UNDERTAKER: Watson and Sue
ADDRESS: 2941 Chouteau

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.

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