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

Do not use this space.

7068

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 1936

City ST. LOUIS. (No. 4465 FOREST PARK St. ..... Ward)

2. FULL NAME ELLA A. SMITH

(a) Residence. No. 4465 FOREST PARK St., 19 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	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCT. 13-1867 68

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	~~62.~~	4.	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) WINCHESTER
(STATE OR COUNTRY) ILLINOIS

PARENTS

10. NAME OF FATHER JAMES ELLIS

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

12. MAIDEN NAME OF MOTHER MARY NEE ELLIS

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

14. INFORMANT James E. Newman
(Address) 4465 Forest Park

15. FILED ..... 19 Max C Harley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 23 1930

17. I HEREBY CERTIFY, That I attended deceased from October, 1929, to Feb 21, 1930 that I last saw her alive on Feb. 21, 1930 and that death occurred, on the date stated above, at 2 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis
95 A
95 A
(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Heart block
(duration) — yrs. 5 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Roodhouse, Ill
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Drew Intern, M. D.
2.24.1930 (Address) 3720 Washington St Louis 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	DATE OF BURIAL
Roodhouse Ill.	Feb 25 1930
20. UNDERTAKER	ADDRESS
C.R. Dupton	4449 Olive St

Jacksonville, Ill., Mar. 14, 1930

The undersigned, Elizabeth Newman, appeared before me, a Notary Public of Jacksonville, Morgan County, Illinois, and stated under oath that date of birth of Mrs. Ella A. Ellis Smith, deceased, as filed by Mr. Lupton, Undertaker of St. Louis, Mo., is incorrect as given on the death certificate. The correct date of the birth should read October 13, 1868.

Signed: Elizabeth Newman

Subscribed and sworn to before me ~~this~~ Lillian I. Danskin a Notary Public, Jacksonville, Morgan County, Illinois, on the 14th of March, 1930.

Lillian I. Danskin
Notary Public.

My commission expires Nov. '31.

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