JUN 27 1930

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

Do not use this space.

16984

1. PLACE OF DEATH
County Pettis
Township Sedalia
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 5889

File No. .....
Registered No. 128

2. FULL NAME Leelia Elwell

(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. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 = 1907

7. AGE YEARS 23 MONTHS [illegible] DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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) Benton Co Mo

PARENTS
10. NAME OF FATHER Ramey Simmons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo
12. MAIDEN NAME OF MOTHER Nora Ray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

14. INFORMANT Ramey Simmons
(Address) Sedalia Mo R R

15. FILED 5/19 1930 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1930, to May 15th, 1930, that I last saw her alive on May 15th, 1930, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (Chronic)
1498
7
108 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Childbirth followed by Lobar pneumonia & Measles (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) A. L. Pollard, M. D.
5/19, 1930 (Address) Sedalia, 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 La Monte Mo
DATE OF BURIAL May 16 1930

20. UNDERTAKER B F Carmen
ADDRESS La Monte Mo

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.