

OCT-28 1930

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

Do not use this space.

File No. 29682
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Greenwood Registration District No. 925
Township Walnut Grove Primary Registration District No. 1401
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

Ella Mathurly

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-20-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 9 23

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

9. BIRTHPLACE (CITY OR TOWN) Atlanta - Ga.
(STATE OR COUNTRY)

10. NAME OF FATHER John Knowles

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

12. MAIDEN NAME OF MOTHER Mary Ferguson

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

14. INFORMANT Mrs. Floyd Hall
(Address) Walnut Grove

15. FILED 9-14-1930 L. McElhiney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-13th 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept-13, 1930, to Sept-14, 1930, that I last saw her alive on Sept-14, 1930, and that death occurred, on the date stated above, at 2 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spasms of left breast and lung
50
47 B (duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 47 (duration) _____ yrs. mos. 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 Physiologic pathological
(Signed) J. D. Smith - M. D.
9-14, 1930 (Address) Walnut Grove 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 Greenlawn Cemetery DATE OF BURIAL 9-14 30

20. UNDERTAKER Brian Funeral Home ADDRESS Walnut Grove 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.

