

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.

NOV 21 1930

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

Do not use this space.

32308

1. PLACE OF DEATH
 County Carroll Registration District No. 135
 Township _____ Primary Registration District No. 3010
 City Carrollton (No. 211) Virginia St. 2nd Ward

2. FULL NAME Ella Malloy White
 (a) Residence. No. 211 Virginia St., 2nd Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 W. S. White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-20-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 1 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House wife 131
 (b) General nature of industry, business, or establishment in which employed (or employer). 132
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER W. J. Malloy

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

12. MAIDEN NAME OF MOTHER Margaret Smith

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

14. INFORMANT W. S. White
 (Address) Carrollton Mo

15. FILED 10/24 19 30 Mrs. E. P. Starnham
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-22 1930

17. I HEREBY CERTIFY That I attended deceased from 30 to 27 1930
 that I last saw her alive on Oct 20, 1930 and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
terminal Coma - r
Chronic Brights Disease
 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W. S. White M. D.
 Oct 27, 1930 (Address) Carrollton 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 St. Hil. Church DATE OF BURIAL 10/24 1930

20. UNDERTAKER Willis Turner of Home Care ADDRESS _____

100-100000