

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

Do not use this space.

35097

**1. PLACE OF DEATH**

County Shelby  
Township Clarence  
City Clarence

Registration District No. 827  
Primary Registration District No. 4500

File No. \_\_\_\_\_  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Ellen M Will  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Will

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, .....hrs. or .....min.
	<u>75</u>	<u>8</u>	<u>5</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Fredricktown Ohio  
(STATE OR COUNTRY)

10. NAME OF FATHER Jacob H Merrin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fnox Co Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hannah Lorie

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

14. INFORMANT Mrs Jim Wood  
(Address) Clarence Mo

15. FILED 10/31 1930 Ray Hamilton  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1930

17. I HEREBY CERTIFY, that I attended deceased from Oct 30, 1930, (same day only) that I last saw him alive on \_\_\_\_\_, 1930, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

32 Accidental fibrillation  
75A

(duration) yrs. mos. ds. 2  
CONTRIBUTORY Chronic myocarditis  
(SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At place of death  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? St. Hylan M.D.  
Oct 31 1930 (Address) Clarence 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 Maplewood Cemetery DATE OF BURIAL 11/1 1930

20. UNDERTAKER Hamilton and Co ADDRESS Clarence Mo

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 28 1930

