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

Do not use this space.

File No. 39082

Registered No. 916

1. PLACE OF DEATH

County: Jasper

Registration District No. 318

Township:

Primary Registration District No. 2001

City, Village or Town: Springfield (No. 856 E Delmar St. Ward)

2. FULL NAME: Mrs Margaret Ellen

(a) Residence. No. 856 E Delmar 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. 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: E E Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25 1867

7. AGE: Years 63 Months 1 Days 13 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work: Housework

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Henry Bundy

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

12. MAIDEN NAME OF MOTHER: McCredie

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

14. INFORMANT: E E Ellis
(Address) Springfield Mo

15. FILED: Dec 8, 1930 Jon Shaub
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1930, to Dec 7, 1930, that I last saw h.e.r. alive on Dec 4, 1930, and that death occurred, on the date stated above, at 1-15-a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

50 Cancer of the Breast
53 + Arm - Glandular
54 Liver Involved -

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Diabetes -

(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Indian Okla

DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Matthew Smith, M. D

12-8, 1930 (Address) Springfield 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 S.G. — DATE OF BURIAL: Dec 11 1930

20. UNDERTAKER: T T Sheppard — ADDRESS: Springfield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD