

23 1931

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

Do not use this space.

4524

1. PLACE OF DEATH

6 County Barton
Township Union
City Irwin

Registration District No. 1017
Primary Registration District No. 5060

File No. 2
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Ella Jane Mount

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Mount</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 21-1867</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>?</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barton County, Mo</u>		
FATHER	13. NAME <u>Patrick M. Mary</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> <u>15</u>	
MOTHER	15. MAIDEN NAME <u>Elvira Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ienn.</u> <u>2</u>	
17. INFORMANT (ADDRESS) <u>John Mount, Irwin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheldon Cemetery</u> DATE <u>Feb 29 1931</u>		
19. UNDERTAKER (ADDRESS) <u>G. B. Beemy - 631 Konantz</u> <u>Sheldon, Lamar</u>		
20. FILED <u>Mch 10 1931</u> <u>C. A. Gould</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1931

22. I HEREBY CERTIFY, That I attended deceased from May 24 1930 to Feb 27 1931
I last saw her alive on Feb 26 1931. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:
Nephritis
96D
132A/31
Other contributory causes of importance:
Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. (1)

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Clyde E. Duckert, M. D.
(Address) Lamar, Mo.

Date of onset
Jan 1931
1931

WRITE PLAINLY WITH UNFADING INK--THIS IS A STATE-CONTROLLED 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.

