

WAR 25 1931

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

Do not use this space.

6001

1. PLACE OF DEATH

County Jefferson Registration District No. 411
Township Atlanta Primary Registration District No. 2002
City Jefferson (No. 2101) Memphis St. _____ Ward _____

2. FULL NAME

Ellen Frizzell
(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 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>W</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>Harry Frizzell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 30, 1883</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>5</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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)

(STATE OR COUNTRY) Mo.
10. NAME OF FATHER Rolla Marshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT

(Address) Harry Frizzell
Jefferson Mo.

15. FILED

4-27-31 Abner Clark
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-20-31

I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1931 to Feb 20 - 1931
that I last saw him alive on Feb 20, 1931 and that death occurred, on the date stated above, at 12:30 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
50 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTOR (SECONDARY) Cerebral hemorrhage
50 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY Biopsy
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Hyden Balsley, M. D.
2-22-31 (address) Jefferson 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

Forest Park DATE OF BURIAL 2-23-31
20. UNDERTAKER Walter and Co ADDRESS Jefferson Mo

