MAY 27 1931

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

Do not use this space.

15092

1. PLACE OF DEATH

73 County Newton — Registration District No. 612 — File No.

Township Van Buren — Primary Registration District No. 5814 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ida Bell Ellsworth

(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 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 Geo Ellsworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1861

7. AGE YEARS 70 MONTHS 2 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Ills. 2

FATHER

13. NAME Bill McCoullogh.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER

15. MAIDEN NAME Sarah Clark.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT (ADDRESS) Geo Ellsworth Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jolly cemetery DATE April 15 1931

19. UNDERTAKER (ADDRESS) Wm Newell Jr. Pierce City Mo.

20. FILED April 15 1931 Grace Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 30 1930, to April 13, 1931

I last saw her alive on March 21, 1931. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency — Date of onset

92A

92a

Other contributory causes of importance:

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.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E B Wright, M. D.

(Address) Pierce City Mo.

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