

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

Do not use this space.

22370

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 700 E 15) St. _____ Ward _____

File No. _____
Registered No. 199

2. FULL NAME Ellen Reedy

(a) Residence, No. 700 E 15 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 1860
7. AGE YEARS 70 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Mo.

13. NAME W.S. Breed

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

15. MAIDEN NAME Mary Helton

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

17. INFORMANT W.T. Reedy
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE June 29

19. UNDERTAKER Ernest Gillespie
(ADDRESS) Sedalia Mo.

20. FILED 6-27 1931
J.V. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to June 26, 1931.
I last saw her alive on June 26, 1931 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Other contributory causes of importance:
Cancer of Pancreas

Name of operation Cholecystectomy Date of May 10
What test confirmed diagnosis? Operative Was there an autopsy? 1931

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) Jno B Carlisle, M. D.
(Address) Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT 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.

JUL 8 1931

