

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

Do not use this space.

25951 2 3

1. PLACE OF DEATH
 County Palls Registration District No. 727
 Township Sutton Primary Registration District No. 5-95-9
 City (No.) St. Ward

2. FULL NAME Harry E. Ely
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 90 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Ely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/3/1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>90</u>	<u>11</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Palls Co Mo.

13. NAME James Ely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palls Co Mo.

15. MAIDEN NAME Duranda Buggen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palls Co Mo.

17. INFORMANT (ADDRESS) H. S. Ely Perry mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Perry mo DATE 7/16 1931

19. UNDERTAKER (ADDRESS) Ernest Rouille Perry mo.

20. FILED 7/14 1931 Ernest Rouille Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to July 14 1931

I last saw her alive on July 2 1931 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:
Annesia Date of onset 8/14/25

Other contributory causes of importance:
87B

Name of operation physical Date of —

What test confirmed diagnosis? physical Was there an autopsy? n.o.

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) James Ely, M. D.
 (Address) Perry 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.

