

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

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

Do not use this space.

29041

1. PLACE OF DEATH *Pettis*
 County *Washington* Registration District No. *664*
 Township *Washington* Primary Registration District No. *5884*
 City (No. St. Ward)

2. FULL NAME *ELLA-MAY-LAKE*
 (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 <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>✓</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>NOV-17-1914</i> | | |
| 7. AGE | YEARS <i>16</i> | MONTHS <i>9</i> |
| | DAYS <i>3</i> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Work</i> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at Home</i> | |
| | 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) <i>Pettis Co MO</i> | | |
| FATHER | 13. NAME <i>Thomas E. Lake</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lone Jack Jackson MO</i> | |
| MOTHER | 15. MAIDEN NAME <i>Pearl May Vernon</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Elton MO</i> | |
| 17. INFORMANT (ADDRESS) <i>Thomas E. Lake</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Antioch Camp</i> DATE <i>Aug 21st 1931</i> | | |
| 19. UNDERTAKER (ADDRESS) <i>G. R. Shelby</i> | | |
| 20. FILED <i>Aug 21 1931 G. R. Shelby Registrar</i> | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 20 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 7th 1931* to *Aug 20 1931*. I last saw her alive on *Aug 20 1931*. Death is said to have occurred on the date stated above, at *11:30 a.m.*. The principal cause of death and related causes of importance were as follows:
Diphtheria
10 107A 10
 Other contributory causes of importance:
Broncho-pneumonia

| |
|---------------------------------|
| Date of onset <i>8/9/31</i> |
| Date of death <i>8/17/31</i> |

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? *No*
 If so, specify.....
 (Signed) *H. A. Hite*, M. D.
 (Address) *Green Ridge, Mo.*

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.

SEP 25 1931

