

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.

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

Do not use this space.

35096

1. PLACE OF DEATH

County MONROE
Township JEFFERSON
City (No.) St. Ward

Registration District No. 927
Primary Registration District No. 5781B

File No.
Registered No.

2. FULL NAME

ELLA LOUISE ROUSE
(a) Residence, No. St. Ward
(Usual place of abode) About (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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>white</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>GEO. ROUSE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 27, 1865</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>4</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe, Mo.</u>
	13. NAME <u>JAS. H. CARMAN</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>MARY A. SHOULTS</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
FATHER	17. INFORMANT <u>Newer Rouse</u> (ADDRESS) <u>R. F. W. PERRY, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WALNUT GROVE</u> DATE <u>OCT. 11, 1931</u>
	19. UNDERTAKER <u>Speed & Blakey</u> (ADDRESS) <u>PARIS, Mo.</u>
	20. FILED <u>Oct. 10, 1931</u> <u>Mrs. A. W. Boueman</u> Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 9TH, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1931, to Oct 9, 1931
I last saw her alive on Oct 7, 1931. Death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:
Hypertrophic Embosism of the Limer
38
1711B
38
Other contributory causes of importance:
Malaria not known

Name of operation none Date of
What test confirmed diagnosis? Cholera Was there an autopsy? Yes

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. X

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) P. H. Cannon, M. D.
(Address) HANNIBAL, Mo.

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