

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

Do not use this space.

10469

**1. PLACE OF DEATH**

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1008B

City St. Louis Mo. (No. ....)

Barnes Hosp. St. .... Ward

File No. ....

Registered No. 2521

**2. FULL NAME Ethel May Harrelson**

(a) Residence, No. Grand Tower Ill St. 12 Ward. Grand Tower Ill.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Harrelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6. 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>31</u>	<u>4</u>	<u>8</u>	

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

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) Saline County Ill

13. NAME John Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Ill

15. MAIDEN NAME Elizabeth Leeper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Ill

17. INFORMANT (ADDRESS) Joseph Harrelson Grand Tower Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Springs Co. Eldorado Ill DATE Mar 17. 1932

19. UNDERTAKER (ADDRESS) Chas. Geraghty & Sons 425 E. Franklin St. St. Louis

20. FILED Mar 18 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 14 - 32 19

22. I HEREBY CERTIFY, That I attended deceased from 3 - 6 - 1932, to 3 - 14 - 1932

I last saw him alive on 3 - 14 - 1932. Death is said to have occurred on the date stated above, at 8 P. m.

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

Tumor of brain, benign  
Hypertension  
①

Other contributory causes of importance: Hypertension

Name of operation Craniotomy Date of 3-14-32

What test confirmed diagnosis? Operation 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.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify R. Weston Boyd M. D.  
(Signed) Barnes Hosp.  
(Address)

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.

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