

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

Do not use this space.

28419

1. PLACE OF DEATH

County Barry Registration District No. 21
 Township McDonald Primary Registration District No. 5045A
 City (No. St. Ward)

2. FULL NAME

Ellen McPhail

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

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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel McPhail

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1849

7. AGE YEARS 83 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.

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

13. NAME John Wilson

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

15. MAIDEN NAME Martha Riddle

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

17. INFORMANT John McPhail (ADDRESS) Parsons

18. BURIAL, CREMATION, OR REMOVAL PLACE Amhart DATE 9-8 1932

19. UNDERTAKER Blankenship (ADDRESS) Parsons

20. FILED 9-11 1932 Mattie Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to Sept 6, 1932
 I last saw her alive on Sept 6, 1932 Death is said to have occurred on the date stated above, at 7:7 p.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Liver
46E 4-6-6
 Other contributory causes of importance:

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?
 If so, specify
 (Signed) B. J. Kelly, M. D.
Parsons (Address)

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 21 1932

WHITE PLAINLY, WITH UNFADING INK—THIS IS A

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