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

Do not use this space.

1. PLACE OF DEATH
80 County Pettis — Registration District No. 668 — File No. 30010
14 Township — Primary Registration District No. 3032 — Registered No. 231
8 City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Ellen Nolen
(a) Residence, No. 314 N Washington 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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pettis Nolen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) dont no

7. AGE 65 — YEARS dont no — MONTHS dont no — DAYS dont no — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Self 235
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sponsor City Mo 1 Jackson Co

FATHER
13. NAME George Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Ky 2

MOTHER
15. MAIDEN NAME dont no
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont no dont no 21

17. INFORMANT (ADDRESS) Eva Martain Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE Sept 4 1932

19. UNDERTAKER (ADDRESS) F D Ferguson Sedalia Mo

20. FILED 9-3 1932 J S Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1932, to 8/31, 1932
I last saw her alive on 8/31, 1932. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
8/31-32	
Paralysis Stroke	
82A Apoplexy	

Other contributory causes of importance: 82A

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) W E Davis, M. D.
(Address) Sedalia Mo

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

MARGIN RESERVED FOR BINDING

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 26 1932

V. S. No. 2