

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

Do not use this space.

38657

1. PLACE OF DEATH

12 County Benton Registration District No. 92
Township Giles Bluff Primary Registration District No. 5137
City (No. _____) St. _____ Ward _____

2. FULL NAME

Nina Ellsworth
(a) Residence, No. _____ St. _____ Ward 9
(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 <u>F.</u>	4. COLOR OR RACE <u>W.</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>Landon Ellsworth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-17-1910</u>		
7. AGE YEARS <u>22</u>	MONTHS <u>3</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

FATHER 13. NAME Louis Martin

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER 15. MAIDEN NAME Ida Sedwick

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Frank Cooper, Pulaski Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pulaski DATE 12-27, 1932

19. UNDERTAKER (ADDRESS) Franks Und. Co. Poplar Bluff Mo.

20. FILED 12-28, 1932 Scott Cook Registrar

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932, to Nov 22, 1932
I last saw him alive on Nov 22, 1932. Death is said to have occurred on the date stated above, at 12:30 P.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 11A
1078 11A 11A
Other contributory causes of importance: Influenza

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. J. Dale, M. D.
(Address) Pulaski Bluff

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.

JAN 21 1933

