

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

Do not use this space.

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JAN 27 1933

1. PLACE OF DEATH

County St. Louis
Township St. Peters
City Madison (No. _____)

Registration District No. 477
Primary Registration District No. 5646

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 2 yrs. 0 mos. 1 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) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 Jan. 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keep
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Data deceased last worked at this occupation (month and year) 8 years
11. Total time (years) spent in this occupation _____

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

13. NAME Jesse Card

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazil Ind.

15. MAIDEN NAME Martha Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgetown Ind.

17. INFORMANT C. O. Lee

(ADDRESS) Windsor - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence DATE Dec. 20 1932

19. UNDERTAKER F. D. Kelly

(ADDRESS) St. Louis, Mo.

20. FILED Dec 20, 1932 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1932 to Dec 19 1932
I last saw him alive on Dec 19 1932 Death is said to have occurred on the date stated above, at 10:45 a. m.

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

The principal cause of death was rheumatoid arthritis, resulting in organic heart trouble, death from heart failure.

Other contributory causes of importance: exposure

Name of operation _____ Date of _____
What test confirmed diagnosis Physical Was there an autopsy? No

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 (Signed) J. L. Carter D.O. M.D.
(Address) LaBelle, Mo.

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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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lewis Registration District No. 427
 Township Dickerson Primary Registration District No. 5646
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 70

2. FULL NAME

Ellen Fretwell
 (a) Residence, No. _____ St. _____ Ward _____
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 29

OCCUPATION
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED Feb. 13 1934 H. W. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw h. _____ alive on _____, 19__ 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

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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