

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

Do not use this space.

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784 File No. 41385  
 Township St. Ferdinand Primary Registration District No. 6030 Registered No. \_\_\_\_\_  
 City Jennings, Mo. (No. 5622 Jennings Rd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ella M. E. Dermott  
 (a) Residence, No. 5622 Jennings Rd. Ward \_\_\_\_\_ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1867.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
65 9 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244

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) Ireland

13. NAME John M. E. Dermott

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

15. MAIDEN NAME Mary Coogan

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

17. INFORMANT (ADDRESS) Mrs. Nora Galbraith

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clara, Ill. DATE Dec. 7 1932

19. UNDERTAKER (ADDRESS) Gas. M. Clark

20. FILED 12/7 1932 E. J. Harris Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1932, to December 5, 1932

I last saw her alive on December 5, 1932 Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Chr. Arteriosclerosis - Chr. Hypertension - Myocarditis  
9710  
9411  
9411  
9411  
 Date of onset ?

Other contributory causes of importance:  
Sclerosis of coronary arteries with complete occlusion of one of the sides of the left ventricle & 2 days.  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical & lab. 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 \_\_\_\_\_ 1932

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) Subat B. Jones M. D.  
 (Address) 3718 Jennings Rd.

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.

JAN 5 1933

