

WRITE CLEARLY, 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.

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

Do not use this space.

3191

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. Masonic Home) St. _____ Ward _____

File No. _____
 Registered No. 68

2. FULL NAME

(a) Residence, No. 5351 Delmar St. 12 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martin J. Ellis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6, 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired housewife</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 - 1932, to Jan 2 - 1933

I last saw her alive on Jan 3 - 1933. Death is said

to have occurred on the date stated above, at 5.45 a.m.

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

Acute Bronchial Pneumonia Date of onset 6 days
Chronic Myocarditis 6 months

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ch. Exam. 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? Yes

If so, specify Dalton Cameron, M. D.
 (Signed) _____

(Address) 508 N. Grand Blvd.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>
	13. NAME <u>William Curran</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Catherine Barns</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	17. INFORMANT (ADDRESS) <u>Mrs. H. Waller</u> <u>6351 Delmar</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Jan 4</u> , 19 <u>33</u>
	19. UNDERTAKER (ADDRESS) <u>Ashton & Co.</u> <u>270 N. Grand</u>
	20. FILED <u>JAN - 3 1933</u> <u>May C. H. Smith</u> Registrar.

