

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.

4138

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No. *Barnes Hospital*)

File No.....

Registered No. **1109**

St. Ward)

2. FULL NAME

Ella Eiders

(a) Residence, No. *Box 6*
(Usual place of abode)

St. *Cal* Ward *12* *Cabden Del.*
(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 <i>Female</i>	4. COLOR OR RACE <i>Black</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Murnos Elder</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July - 28 - 1866</i>		
7. AGE YEARS <i>66</i> MONTHS <i>6</i> DAYS <i>0</i>	If LESS than 1 day, ... hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Grand City, Indiana</i>		
FATHER	13. NAME <i>Wm. Riley</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known</i>	
MOTHER	15. MAIDEN NAME <i>Martha Parker</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known</i>	
17. INFORMANT (ADDRESS) <i>Murnos Elder</i>		
18. BURIAL, CREMATION OR REMOVAL PLACE <i>Cabden Del.</i> DATE <i>Jan. 31 - 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Wm. J. Bradley</i>		
20. FILED <i>JAN 31 1933</i> <i>Wm. J. Bradley</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1 - 28 - 1933*

22. I HEREBY CERTIFY, That I attended deceased from *1 - 22 - 1933* to *1 - 28 - 1933*

I last saw her alive on *1 - 28 - 1933* Death is said to have occurred on the date stated above, at *11:45 a.m.*

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

Cancer of ovary

Metastasis to abdomen

Other contributory causes of importance:

Name of operation *Exploratory laparotomy* Date of *1 - 28 - 33*

What test confirmed diagnosis? 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?.....
If so, specify
(Signed) *FR Bradley*, M. D.
(Address) *Barnes Hospital*

