24 1933

WHITE 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.

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

Do not use this space.

4680

1. PLACE OF DEATH
7 County Bates Registration District No. 50 File No.
Township Mt. Pleasant Primary Registration District No. 5074 Registered No. 6
City (No. , St. Ward)

2. FULL NAME Ellen Dennis
(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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27. 1864
7. AGE YEARS 69 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Monroe Co Ohio.

FATHER
13. NAME Henry Eckleberry.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Probally Ohio

MOTHER
15. MAIDEN NAME Margaret Price.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Probally Ohio.

17. INFORMANT (ADDRESS) Etta Stoner Butler Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Mo DATE Feb. 21. 1933
19. UNDERTAKER (ADDRESS) Culver's Butler Mo.
20. FILED Feb 20 1933 Nina R Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19. 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1933, to Feb. 19, 1933
I last saw her alive on Feb 14, 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene	
Diabetes Mellitus	
59	

Other contributory causes of importance: 59

Diabetes Mellitus

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 of injury in any way related to occupation of deceased?
If so, specify Carlos W. Culver
(Signed) , M. D.
(Address) Butler Mo