

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

Do not use this space.

8187

1. PLACE OF DEATH  
 County Shelby Registration District No. 827  
 Township Clary Primary Registration District No. 4500  
 City Clarence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary Ellen Read  
 (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 40 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 4  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18, 1871</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>4</u>	DAYS <u>5</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>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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grassville Missouri</u>				
FATHER	13. NAME <u>Nathaniel Mason Read</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spencer Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Frances Read Puddleton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington DC</u>			
17. INFORMANT <u>Selma Ruth Dickson</u> (ADDRESS) <u>Clarence Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarence Mo</u> DATE <u>Feb 24, 1933</u>				
19. UNDERTAKER <u>Hayes</u> (ADDRESS) <u>Shipping Mo</u>				
20. FILED <u>3-3</u> 19 <u>33</u> <u>Roy Hamilton</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Feb 23 1933  
 I last saw her alive on Feb 23 1933 Death is said to have occurred on the date stated above, at 5 a.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral apoplexy  
460  
 Date of onset Feb 2, 1933

Other contributory causes of importance:  
Carcinoma of gallbladder sept 1932

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) D L Harlan M. D.  
 (Address) Clarence Mo

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.

MAR 31 1935

