

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.

MAY 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13132

1. PLACE OF DEATH County <u>Jackson</u> Township <u>Blue</u> City <u>Independence</u> (No. <u>116 West Elm</u>)		Registration District No. <u>398</u> Primary Registration District No. <u>3919</u>		File No. _____
2. FULL NAME <u>Ella May Pason</u>		(a) Residence, No. <u>116 West Elm</u> St. _____ Ward. _____		Registered No. <u>1535</u> St. _____ Ward _____
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13-1862</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>	DAYS <u>4</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>House work</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	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>Metamora Illinois</u>				
FATHER	13. NAME <u>James A. Doty</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metamora Illinois</u>			
	15. MAIDEN NAME <u>Mary Fairfield</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metamora Illinois</u>			
	17. INFORMANT (ADDRESS) <u>Guy W. Pason, Ford Worth, Texas</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Woodlawn</u> DATE <u>4-19</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>Carson Funeral Home, Independence, Mo.</u>				
20. FILED <u>April 19, 1933</u> <u>Dr. F. L. Cook</u> Registrar.				
2 MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 17-1933</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept</u> 19 <u>32</u> , to <u>Apr 17</u> 19 <u>33</u>				
I last saw her alive on <u>Apr 16</u> 19 <u>33</u> . Death is said to have occurred on the date stated above, at _____ m.				
The principal cause of death and related causes of importance were as follows:				
<u>Gen. Carcinoma</u>				Date of onset <u>1932</u>
<u>535</u>				
<u>57</u>				
Other contributory causes of importance:				
<u>Carcinoma of face</u>				<u>1927</u>
Name of operation _____ Date of _____				
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>no</u>				
23. If death was due to external causes (violence), fill in also the following:				
Accident, suicide, or homicide? <u>✓</u> Date of injury _____, 19____				
Where did injury occur? <u>✓</u> (Specify city or town, county, and State)				
Specify whether injury occurred in industry, in home, or in public place.				
Manner of injury <u>✓</u>				
Nature of injury <u>✓</u>				
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>				
If so, specify _____				
(Signed) <u>J. B. Dickinson</u> , M. D.				
(Address) <u>Independence, Mo.</u>				

