

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.

JUN 23 1933

2075

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

Do not use this space.

17142

1. PLACE OF DEATH

64 County Marion Registration District No. 547 File No. _____
 1 Township ~~Marion~~ Primary Registration District No. 3079 Registered No. 139
 8 City Hannibal (No. 1) Leveing Hospital St. _____ Ward _____

2. FULL NAME Ella Whaley Cruikshank

(a) Residence, No. 1238 Birds 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles A. Cruikshank</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 21, 1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>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>Hannibal Missouri</u>		
FATHER	13. NAME <u>Stephen Decatur Whaley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no data Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary Lanier</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolls Co Missouri</u>	
17. INFORMANT <u>Chas. A. Cruikshank (Husband)</u> (ADDRESS) <u>238 Birds St. Hannibal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>May 4 1933</u>		
19. UNDERTAKER <u>Wm M Smith</u> (ADDRESS) <u>102 Bird St. Hannibal, Mo</u>		
20. FILED <u>5/8 1933</u> <u>C. Clousier</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1933
 I HEREBY CERTIFY, That I attended deceased from March 19 1933 to May 1 1933
 I last saw h. e. alive on May 1 1933 Death is said

to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

920 870 870

Other contributory causes of importance:
Left hemiplegia

Date of onset
3-19-33
3-21-33

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) Howard B. Sordrick, M. D.
 (Address) Hannibal, Mo.

