

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

Do not use this space.

34136

1. PLACE OF DEATH

County Ralls
Township New London
City New London (No. 3)

Registration District No. 729
Primary Registration District No. 4432

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28-1867

7. AGE YEARS 66 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Ralls Co Mo (STATE OR COUNTRY)

13. NAME George Ellis

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

15. MAIDEN NAME Fane Whitaker

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mat Eva Robinson New London Mo

18. BURIAL, CREMATION, OR REMOVAL 10/11 1933
PLACE Salem DATE

19. UNDERTAKER (ADDRESS) Ham Roper New London Mo.

20. FILED 10 20 19 33 Ragan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th 1933 to 9th Oct 1933
I last saw him alive on Oct 8th 1933 Death is said

to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Heavy heart
92A
93
Other contributory causes of importance: _____
Date of onset Sept 15 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) W J Hendrix M. D.
(Address) New London Mo.

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.

NOV 10 1933

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