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.

JAN 26 1934

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

85

Do not use this space.

39208

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 1232

Township — Primary Registration District No. — Registered No. 1232

City St. Joseph (No. 830 Warsaw Ave. St. Ward)

2. FULL NAME Ella Mc Coun

(a) Residence, No. 830 Warsaw Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ward McCoun

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	4	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington R. R.

10. Date deceased last worked at this occupation (month and year) Dec. 1933 — 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Hamilton (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Cox

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Leonard McCoun (ADDRESS) 109 Mass. Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE Dec. 14, 1933

19. UNDERTAKER Fred W. Clark (ADDRESS)

20. FILED DEC 12 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/9/, 1933, to 12/11, 1933

I last saw her alive on 12/11, 1933. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Chronic	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — 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) C. J. Gueggen M. D.

(Address) 312 Corby Building