

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

Do not use this space.

1974

JAN 26 1934
72

1. PLACE OF DEATH

County Waynes
Township St. Louis
City Newark (No.) St. Ward)

Registration District No. 604
Primary Registration District No. 5800

File No. 434
Registered No.

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)

Christine Ellis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 80

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. Farm
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patent
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) Unk

FATHER 13. NAME Unk

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

MOTHER 15. MAIDEN NAME Unk

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

17. INFORMANT (ADDRESS) J. L. Blanchard Co, Sup. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE C. Farm Cem. DATE Jan 7 1934

19. UNDERTAKER (ADDRESS) none

20. FILED 1187 1934 W. H. O'Garra U.S. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1934

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... 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:

Prun (Lotion)
Other contributory causes of importance:
108

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?
If so, specify
(Signed) [Signature] M. D.
(Address) Newark, Mo.

Every item of inform. CAUSE OF DEATH in plain terms. Exact statement of OCCURRENCE.

