

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

Do not use this space.

49  
2  
7

1 MAR 24 1934

**1. PLACE OF DEATH**

County Jasper Registration District No. 408 File No. 5327  
 Township Carthage Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
 City Carthage (No. 722 Lyons) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ellen Katherine Price McClelland  
 (a) Residence, No. 722 Lyons St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 58 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>No. Record.</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage Mo.</u>		
13. NAME <u>Robert Cook McClelland</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record.</u>		
15. MAIDEN NAME <u>Ellen Katherine Price</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo.</u>		
17. INFORMANT <u>Allen M. Reynolds</u> (ADDRESS) <u>Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parish</u> DATE <u>2-9</u> 19 <u>34</u>		
19. UNDERTAKER <u>Ulmer Drake</u> (ADDRESS) <u>Carthage Mo.</u>		
20. FILED <u>Feb 8</u> 19 <u>34</u> <u>A. B. Colinton</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1934 to Feb 31 1934

I last saw h. alive on \_\_\_\_\_ 1934 Death is said to have occurred on the date stated above, at 12:20 PM m.

The principal cause of death and related causes of importance were as follows:  
Small Pox of  
varicella type  
central reference

Other contributory causes of importance:  
167  
50%

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? Small Pox Date of injury 2-7 1934  
 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. Hagan M. D.  
 (Address) Carthage

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.

