

REAR 24 1934

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

Do not use this space.

5539

1. PLACE OF DEATH

54

County Jay
Township Clay
City New Adams

Registration District No. 464
Primary Registration District No. 5622A

File No. 16
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Ella Day

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

Length of residence in city or town where death occurred 5 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 <u>Fe</u>	4. COLOR OR RACE <u>W</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>Bob Day</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8, 1892</u>				
7. AGE	YEARS <u>41</u>	MONTHS <u>7</u>	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-wif</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jay, Ia Mo.</u>			
	13. NAME <u>Ed Horn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Horn</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Bob Day</u> (ADDRESS) <u>Adrian Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adrian</u> DATE <u>7/26</u>				
19. UNDERTAKER <u>L. C. Johnson</u> (ADDRESS) <u>Adrian Mo.</u>				
20. FILED <u>March 5 34</u> <u>R. S. Schaefer</u> 19 <u>34</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Feb 24, 1934

I last saw her alive on Feb 24, 1934. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:
Influenza with pulmonary complications - 4 days duration
Chronic myocarditis
10 yrs.

Other contributory causes of importance:
Chronic valvular
hypertension
arteriosclerosis
6 mos.

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? _____
 If so, specify _____
 (Signed) E. C. Schaefer, M. D.
 (Address) Adrian Mo.

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.

JUL 22 1955