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.

SEP 10 1934

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

Do not use this space.

30186

1. PLACE OF DEATH
County New Madrid Registration District No. 345
Township Primary Registration District No. 4553
City Matthews Mo (No. St. Ward)

File No.
Registered No.

2. FULL NAME Cecilda M. Ellerbrook -

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

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) Johnson Co Ill

FATHER
13. NAME Hartman Gullett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V

MOTHER
15. MAIDEN NAME Ida Bagley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V

17. INFORMANT (ADDRESS) Vera Kochel Canalou Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Matthews DATE Aug. 29, 1934

19. UNDERTAKER (ADDRESS) G. A. Dempster Sikeston Mo

20. FILED Sept 4, 1934 Jennie E. Deane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27-34, to Aug 27-34, I last saw her alive on Aug 27, 1934. 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:

	Date of onset
Fract 6+7 ribs. left side. Contusion + Lacerations about the Head + Face. Shock. Possible internal Hemorrhage?	
Other contributory causes of importance:	
2101	
1033	201

Name of operation Dental 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? Per Wreck Date of injury, 19
Where did injury occur? Highway (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) Howard M. Kendig, M. D.
(Address) Sikeston, Mo.

100M-11-24-33

#2 New Madrid.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Cerilda M Ellerbrook

Who died at _____ on Aug - 27 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 54 Months 11 Days 15 -

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Fracture 6 + 7 ribs, left side Contusions + lacerations about the head + face, Shock, Possible internal hemorrhage

Mrs Ellerbrook was injured in a car accident on highway 61 - 6 miles North of her home, When a fruit truck ran into her car. She died the same afternoon at her home in Matthews

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 27, 1934

Where did injury occur? On highway 61 - 6 miles North of Matthews New Madrid Missouri

(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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar Jennie E. Deane) Date filed Sept. 4. 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

Registrar

Special Agent.

Reg. Dist. No. 345-

Primary Reg. Dist. No. 4553

S-30186

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