

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.

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

Do not use this space.

JAN 1 2 1935

45592

1. PLACE OF DEATH

County Vernon
Township
City Neada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 235
St. Ward)

2. FULL NAME

Hannah Sears Ely
(a) Residence, No. 620 16th Lee 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>L. H. Ely</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1843 July 13</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>6</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house keeper</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wooten Mass.</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs Bate Moss</u> (ADDRESS) <u>Neada Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>General Cat</u> DATE <u>Dec 22 1934</u>		
19. UNDERTAKER <u>Reichinger Sun Home</u> (ADDRESS) <u>Neada, Mo</u>		
20. FILED <u>12-31 1934</u> <u>M. Reichinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 1931 to Dec 21 1934
I last saw her alive on Oct 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:
Chr. myocarditis
930 9310
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) [Signature], M. D.
(Address) Neada, Mo.

MOTHER FATHER 31 31

