

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.

Feb 27 1935

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

Do not use this space.

2160

1. PLACE OF DEATH

County Monroe Registration District No. 382
 Township Jackson Primary Registration District No. 5779
 City Jackson (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(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.

Mary Ellen Cruzan

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Robert R. Cruzan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24 1888</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>11</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
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>St. Louis Missouri</u>		
13. NAME <u>Ida Hood</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
15. MAIDEN NAME <u>Archer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
17. INFORMANT <u>Robert R. Cruzan</u> (ADDRESS) <u>Centuria, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Centuria Mo. Co.</u> DATE <u>Jan 14</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. M. Donald</u>		
20. FILED <u>JAN 12 1935</u> <u>H. C. T. Cause</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1935

22. I HEREBY CERTIFY That I attended deceased from June 1 1934 to Jan 8, 1935
 I last saw her alive on Jan 8, 1935 Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver and Gall bladder, probably originating in liver.
 Date of onset _____

Other contributory causes of importance:
None

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? No
 If so, specify _____
 (Signed) M. E. McManus, M. D.
 (Address) Paris Mo.

