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.

MAY 21 1935

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

Do not use this space.

12038

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 470
City St. Joseph, (No. 1004 Highland Avenue, St. Ward)

2. FULL NAME Ella Diemond,
(a) Residence, No. St., Ward R.F.D.# 2, St. Joseph, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph, Diemond,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25, 1868
7. AGE: Years 66, Months 9, Days 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,
10. Date deceased last worked at this occupation (month and year): April 1935,
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri,

FATHER
13. NAME: Henry Murry,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Mrs H. H. McMullen 1004 Highland Avenue,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE April 26, 1935
19. UNDERTAKER (ADDRESS): Heaton-Br-Gale & Bowman 319 So. 10th. St. Funeral Home
20. FILED 4-26, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1935
22. I HEREBY CERTIFY, That I attended deceased from April 19, 1935, to April 24, 1935
I last saw her alive on April 23, 1935. Death is said to have occurred on the date stated above, at 6:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/10/35

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) J. F. Owens M.D., M. D.
(Address) Ballinger Bldg. St Joseph, Mo.