

MAY 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 1000
Township Paris City, Mo. Primary Registration District No. 1000
City Paris, Mo. No. 27th St. St. Richmond, Mo. Ward.

12996

File No. 1000
Registered No. 1000 St. Richmond Ward)

2. FULL NAME

(a) Residence, No. Richmond, Mo. St. Richmond, Mo. Ward. (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>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Benjamin Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1905</u>		
7. AGE <u>29</u>	YEARS <u>7</u>	MONTHS <u>14</u>
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.
<u>Housewife</u>		<u>Housewife</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>None</u>		<u>None</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Randolph County, Mo.</u>		
13. NAME <u>Spencer Garrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Randolph Co., Mo.</u>		
15. MAIDEN NAME <u>Ella Deysh</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mr. Benjamin Williams, Richmond, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson, Mo.</u> DATE <u>April 23, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Mays, Richmond, Missouri</u>		
20. FILED <u>4-19-35</u> <u>m. m. Crowe, asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/19/35, 1935, to April 20, 1935, 1935. I last saw her alive on April 20, 1935. Death is said to have occurred on the date stated above, at 2:10 P.M.. The principal cause of death and related causes of importance were as follows:
Abdominal Hemorrhage 4/18/35
from overstraining

Other contributory causes of importance:
Bilateral tubercular abscesses

Name of operation Salpingo-ophorectomy Date of 4/12/35
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 1935.
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

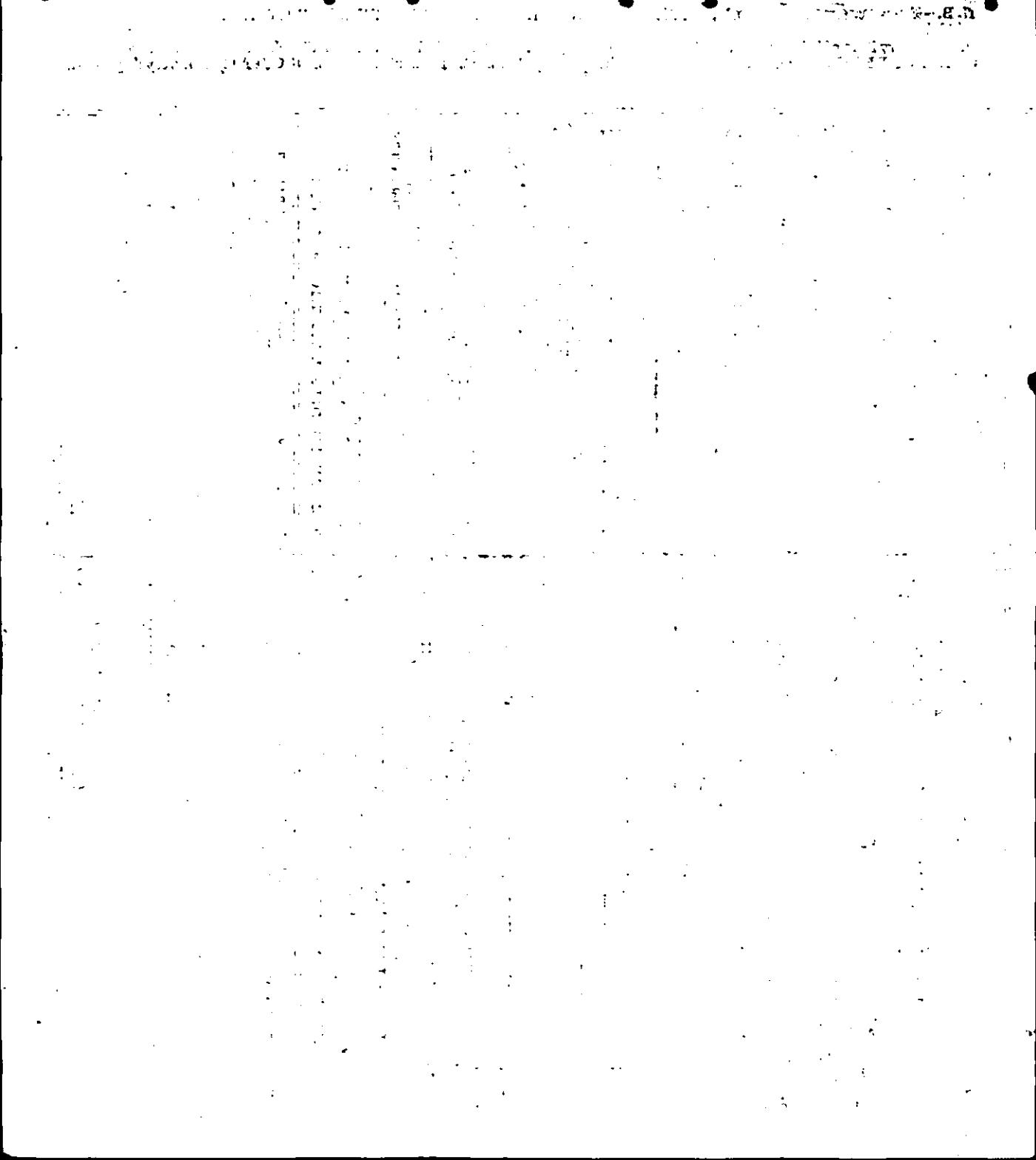
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) W. H. Bruce M. D.
(Address) 311 - New Center Bldg., St. Louis, Mo.

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.



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

ALL INFORMATION use this space.
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY
File No. _____
Registered No. 1698
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City KANSAS CITY

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME

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

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. (If nonresident, give city or town and State)

(No. Wheatley)
Ide Pansy Wellborn

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 7 14

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 4/19 1935 M. M. Coroway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. 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:

Related tubo-occlusion
abscess
(Gonorrhoea)
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. Boyd, M. D.
(Address) 1518 E. 18th St.

SUPPLEMENTARY

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.

JUN 6 1966

S-12996