

JUL 2 2 1935

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

Do not use this space.

19445

1. PLACE OF DEATH

County St. Louis Registration District No. 318
 Township Campbell Primary Registration District No. 2001
Funeral Home 910 (No. Funeral Home Baptist Hospital)
 File No. 189
 Registered No. 189 Ward

2. FULL NAME

Mora Ellen Day
 (a) Residence, No. 1306 St. Louis St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 10 25

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. Child
 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) MO

FATHER
 13. NAME Raymond A Day
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
 15. MAIDEN NAME Mary Nellie Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Raymond A Day

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE June 1, 1935

19. UNDERTAKER (ADDRESS) Child W. F. Co. 629 W. Walnut

20. FILED 6-8-1935 Rehberg Stone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3rd 1935 to June 7th 1935
 I last saw her alive on June 7th 1935 Death is said to have occurred on the date stated above, at 12:04 pm.

The principal cause of death and related causes of importance were as follows:
Intestinal infection - colon bacillus ab. hemolyticus
Appendicitis complicating
 Date of onset

Other contributory causes of importance

Name of operation Appendectomy Date of operation June 6th 1935
 What test confirmed diagnosis? Pat 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) W. S. Barker, M. D.
 (Address) 214 N. Jefferson St. Springfield, Mo.

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.

