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

Do not use this space.

24191

SEP 26 1935

1. PLACE OF DEATH

County: St. Clair — Registration District No.: 766 — File No.:

Township: Roscoe — Primary Registration District No.: 6011 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Ellen Loree Gann

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED (write the word)~~: married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF: Chas. Thomas Gann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 14, 1915

7. AGE: Years 20 — Months 6 — Days 0 — If LESS than 1 day, hrs. or min.

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.: Housewife

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): St. Clair Co. Mo.

FATHER

13. NAME: Fred Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Clair Co. Mo

MOTHER

15. MAIDEN NAME: Mayme Mallicoat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Clair Co. Mo

17. INFORMANT (ADDRESS): Mrs. Eula Williams, Eldorado Spring, Mo. R2

18. BURIAL, ~~CREMATION~~, OR REMOVAL

PLACE: Roscoe DATE: July 15, 1935

19. UNDERTAKER (ADDRESS): G. B. Goodrich, Roscoe, Mo.

20. FILED: Sept 3, 1935 Mrs. G. B. Goodrich, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to July 12, 1935. I last saw him alive on July 12, 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever (Confirmed) — Date of onset

Other contributory causes of importance:

Name of operation: None — Date of:

What test confirmed diagnosis: Clin. Diag. — 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: X, 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury: No

Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: No

(Signed) J. O. Richardson, M. D.

(Address) Tiffin Mo