SEP 19 1935

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

Do not use this space.

26011

1. PLACE OF DEATH

County Dade — Registration District No. 237 — File No. 74

29 Township Center — Primary Registration District No. 5323 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ethel E. Killingsworth

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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 Hallie Killingsworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1898

7. AGE: YEARS 37 — MONTHS 3 — DAYS 20 — 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.
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) Dade Co

FATHER
13. NAME J. S. Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co Mo

MOTHER
15. MAIDEN NAME Luetta Daniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co

17. INFORMANT (ADDRESS) Hal Killingsworth Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE Aug 20 19

19. UNDERTAKER (ADDRESS) J. W. Ward Greenfield Mo

20. FILED Ag 20 1935 Geo R. Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1935, to Aug 18, 1935
I last saw her alive on Aug. 18, 1935. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Eclampsia following Labor

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) J. J. Driedel, M. D.
(Address) Greenfield 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.

JUN 20 1945

JUN 14 1945