

DEC 11 1935

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

Do not use this space.

35194

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001 File No. \_\_\_\_\_  
 City St. Joseph (No. St. Joseph, Hosp.) St. \_\_\_\_\_ Registered No. 1163 Ward \_\_\_\_\_

2. FULL NAME Etta Gerrell  
 (a) Residence, No. Elwood, Kans. 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Terrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 1st. 1891</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>10</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Horsewife</u>		
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) <u>Treasure Mountain, Mo.</u>		
13. NAME <u>Walker White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co. Mo.</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Frank Terrell</u> (ADDRESS) <u>Elwood, Kans.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oshtemo</u> DATE <u>Nov. 11, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Kanmy's Mortuary</u> <u>116-35 1st St. St. Joseph, Mo.</u>		
20. FILED <u>11-6-35</u> 19 <u>35</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1935, to Nov 9 1935  
 I last saw him alive on Nov 9 1935. Death is said to have occurred on the date stated above, at 4:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Shock & Hemorrhage  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Accidental laceration of foot

Name of operation Repair 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? Accident Date of injury 11/9 1935  
 Where did injury occur? at home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell from tree  
 Nature of injury laceration of foot

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. S. Ingraves, M. D.  
 (Address) 520 Franklin

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.

