

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

Do not use this space.

37101-1

JAN 20 1936

1. PLACE OF DEATH

County..... Ripley Registration District No. 755 File No. 13
 Township..... Statewood Primary Registration District No. 6245 Registered No. 1340
 City..... Statewood Mo. (No.) St. Ward)

2. FULL NAME Ellen Holcomb

(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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. Holcomb
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82

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. House
 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) Dawn Springs Ark

MOTHER FATHER
 13. NAME Nelson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Rufus Holcomb

18. BURIAL, CREMATION, OR REMOVAL PLACE Statewood DATE Nov. 2 1935

19. UNDERTAKER (ADDRESS) Family

20. FILED Nov. 2 1935 E. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1935
 22. I HEREBY CERTIFY; That I attended deceased from Jan 1 1935 to Nov 1 1935
 I last saw h. or alive on March 15 1935 Death is said to have occurred on the date stated above, at 6:50 a. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Jan 1st 1935
 Other contributory causes of importance: 80

Name of operation Date of
 What test confirmed diagnosis? Clinical 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) Clifford Yofort, M. D.
 (Address) Doniphan 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.

