

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.

JAN 16 1936

39925

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3030
City Barthage Dr. E. C. Smith Hospital St. _____ Ward _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 501 Grant 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. Ely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 52 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Christian Co Missouri

13. NAME Mrs. Lillian

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

15. MAIDEN NAME Cely Duncan

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

17. INFORMANT (ADDRESS) Mrs. L. E. Morris
Julia Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave, mo DATE Dec 24, 1935

19. UNDERTAKER (ADDRESS) Knee Mortuary
Barthage, Mo

20. FILED Dec 24, 1935 J. B. Colleton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1935, to Dec 22, 1935

I last saw him alive on Dec 22, 1935. Death is said to have occurred on the date stated above, at 2:10 m.

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

Acute Cellulitis (Cerebra)

Date of onset

Other contributory causes of importance:

Probably a Struggle

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 Dec 22, 1935

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) T. E. Fisher, M. D.

(Address) _____

