FEB 17 1936

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

Do not use this space.

File No. 264

Registered No. 63

1. PLACE OF DEATH

County Buchanan — Registration District No. [illegible]

Township — Primary Registration District No. [illegible]

City St. Joseph (No. 703 North 9th. St. Ward)

2. FULL NAME Ella Squires

(a) Residence, No. 703 North 9th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry A. Squires

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Andrew County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Nathan H. Rathburn

14. BIRTHPLACE (CITY OR TOWN) Newcury (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Mary E. Anderson

16. BIRTHPLACE (CITY OR TOWN) Newton (STATE OR COUNTRY) Kentucky

17. INFORMANT Carrie Lynch (ADDRESS) 703 North 9th. Str. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Wallace Cemetery
PLACE Wallace Missouri DATE Jan. 17 1936

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 1-16 1936 John R. Bruton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Janvary 15, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from Jan. 15, 1936 to , 19

I last saw her alive on , 19 Death is said to have occurred on the date stated above, at Unknown A.M.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: no facts

Name of operation none Date of

What test confirmed diagnosis? Clin. Test 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) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESERVED FOR BIRTHS