

FEB 20 1936

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

Do not use this space.

1815

1. PLACE OF DEATH

County JasperRegistration District No. 417

Township

Primary Registration District No. 3021

City

Webb City, Mo. 901 Broadway St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

St. _____

Ward. _____

(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)

Widow

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

Henry C.

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

July 25-1863

7. AGE

YEARS 72MONTHS 10DAYS 16

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

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)

Ohio -
Baltimore -

MOTHER

13. NAME

Mason Ellis -

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

Baltimore Maryland

15. MAIDEN NAME

Mary Ellis Smith

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

Ohio -

17. INFORMANT (ADDRESS)

Miss Nellie Burnett
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chanute, Mo. DATE Jan. 18 36

19. UNDERTAKER (ADDRESS)

Funeral Home Co
Jasper, Mo.

20. FILED

1/111936J. L. Orwig

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan - 10 1936

22. I HEREBY CERTIFY That I attended deceased from

Dec 19 1935, to Jan 10 1936, 1936I last saw him alive on Jan 19 1936 Death is saidto have occurred on the date stated above, at 2 P m.

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

Phosce & Myocarditis

Date of onset

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 _____, 1936

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)

(Address)

J. L. Orwig, M. D.
Webb City, 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.

