MAR 20 1936

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

Do not use this space.

6545

1. PLACE OF DEATH
County Laclede
Township Smith
City Lebanon Route 5 (No. ..... St. ..... Ward)

Registration District No. 277
Primary Registration District No. 5611

File No. .....
Registered No. 2

2. FULL NAME Zeneldu Ellen McDaniel

(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 40 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~~ Jim McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	3.	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo

FATHER

13. NAME Sam Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Ernest McDaniel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doughty DATE 2/26 1936

19. UNDERTAKER (ADDRESS) R B Teeper Richland Mo

20. FILED Feby 26, 1936 C. E. Carlton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 24, 1936, to Feby 24th, 1936
I last saw her alive on Feby 23rd, 1936. Death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart

Date of onset unknown

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? bed side diag 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? .....
If so, specify none
(Signed) C. E. Carlton, M. D.
(Address) Sleeteland Mo

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.