CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1936

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

Do not use this space.

40643

1. PLACE OF DEATH
County: Cass
Township: Pleasant Hill
City: Pleasant Hill (No. ..... St. ..... Ward)
Registration District No. 157
Primary Registration District No. 4091
File No. .....
Registered No. 34

2. FULL NAME: Ellen Carrell.
(a) Residence, No. 107 no Boardman 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: Thomas Carrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 26 1855

7. AGE: Years 80 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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 keeper
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): Jefferson City Mo

FATHER
13. NAME: Dennis Sullivan Ireland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Cramin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mary Carrell. Pleasant Hill mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Hill DATE: Nov 11, 1936

19. UNDERTAKER (ADDRESS): Hons Funeral Home Pleasant Hill Mo

20. FILED: Nov 10, 1936 Mrs. Etta M. Aldridge, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to Nov. 7, 1936
I last saw her alive on Nov. 7, 1936. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of upper lip	—

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) L. J. Murray, M. D.
(Address) Pleasant Hill, Mo.