

NOV 28 1936

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

Do not use this space.

41650

1. PLACE OF DEATH

County Jasper Registration District No. H 13 File No. _____
 Township Shuval Primary Registration District No. 5559c Registered No. H 9
 City Waverly (No. 11) St. _____ Ward _____

2. FULL NAME

Mary Ellen Cavanaugh Ladd
 (a) Residence, No. 907 West Sixth St., _____ Ward Joplin
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>James W. Ladd</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 18, 1864</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>			
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence County Missouri</u>				
FATHER	13. NAME <u>Wolf</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Mrs. Ellen Sunday</u> (ADDRESS) <u>907 W 6th St Joplin Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Aurora Cem, Aurora Mo</u> DATE <u>Nov 13, 1936</u>				
19. UNDERTAKER <u>Lanpher Mortuary</u> (ADDRESS) <u>1502 Joplin St. Joplin Mo</u>				
20. FILED <u>11-25 1936</u> <u>Harley Q. Weaver</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 30, to Nov 11, 1936
 I last saw him alive on Nov 11, 1936 Death is said to have occurred on the date stated above, at 1:45 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset _____

Other contributory causes of importance _____

Name of operation None Date of _____
 What test confirmed diagnosis? Basophil 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) Jessey B. Dancyan, M. D.
 (Address) Joplin City

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.

