

JAN 20 1937

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

Do not use this space.

44596

1. PLACE OF DEATH

County Howell
Township Sisson
City (No.)

Registration District No. 378
Primary Registration District No. 5542

File No.
Registered No. 13
St. Ward

2. FULL NAME Ellie Susan Edwards

(a) Residence, (b) of Mrs Roy Henry, Peace Valley, Mo. (Usual place of abode) Winona, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 M. L. Edwards		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1869		
7. AGE 67	YEARS	MONTHS 2
	DAYS 8	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 13, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 14, 1936** to **Nov. 20, 1936**.

I last saw h. or alive on **Nov. 14, 1936**, 19 . Death is said to have occurred on the date stated above, at **12:30a** m.

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

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

Cerebral haemorrhage, with hemiplegia.

Sgt!

Other contributory causes of importance:
Parasis-cerebral softening.

Date of onset

12. BIRTHPLACE (CITY OR TOWN) **Galesburg, Ill.**
(STATE OR COUNTRY)

MOTHER

13. NAME **Jacob A. Brown**

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

15. MAIDEN NAME **Margaret Kilgor**

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

17. INFORMANT **Mrs. Roy Henry**
(ADDRESS) **Peace Valley, Mo.**

18. PLACE OF BURIAL OR REMOVAL **Overland to Winona, Mo.**
DATE **Dec. 15, 1936**

19. UNDERTAKER **Hal Shoubrugh**
(ADDRESS) **West Plains, Mo.**

20. FILED **Dec 15 1936**
D. R. Lynch
Registrar.

Name of operation **None** Date of

What test confirmed diagnosis? **clinical** 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) **Hal Shoubrugh, M.D.** M. D.
(Address) **West Plains, Mo.**

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

