

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

Do not use this space.

1046

FEB 27 1937

1. PLACE OF DEATH

County Harrison
 Township Madison
 City Madison

Registration District No. 336
 Primary Registration District No. 35771

File No. _____
 Registered No. 2 St. _____ Ward)

2. FULL NAME

Ella B. Travis

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gasper J. Travis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5, 1854</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>16</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>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>230</u>
	10. Date deceased last worked at this occupation (month and year) _____ <u>Dec. 1936</u>
	11. Total time (years) spent in this occupation <u>70</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Green County Pa

13. NAME Jadiah Burywell

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

15. MAIDEN NAME Sarah Haver

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

17. INFORMANT (ADDRESS)
Clara L. Jupp
Redway

18. BURIAL, CREMATION OR REMOVAL PLACE DATE
Redway Jan 23 37

19. UNDERTAKER (ADDRESS)
W. H. Jupp Redway

20. FILED 1-33 19 37 W. H. Jupp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 16, 1937, to Jan 21, 1937

I last saw him alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Cardiac Hypertrophy Date of onset _____

Other contributory causes of importance _____

Anterior Sclerosis
Right side Paralysis from
Stroke Cerebral Hemorrhage

Name of operation _____ 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? _____

If so, specify _____ (Signed) W. H. Jupp _____ M. D.

(Address) Cambridge, Mo

N. B.—Every statement 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.

