

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN  
Township WASHINGTON  
City ST. JOSEPH,

Registration District No. 85  
Primary Registration District No. 1001  
(No. 2222 NORTH FOURTH ST. St. \_\_\_\_\_ Ward)

File No. 11202  
Registered No. 313

2. FULL NAME MRS. ELBA ARMILDA TIMMONS

(a) Residence, No. 2222 NORTH FOURTH ST. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIFE OF W. P. TIMMONS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 12, 1889</u>		
7. AGE <u>47</u>	YEARS	MONTHS
		DAYS
		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>HOME</u>	
	10. Date deceased last worked at this occupation (month and year) <u>UNKNOWN</u>	11. Total time (years) spent in this occupation <u>UNK</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PATTONSBURG, MISSOURI</u>
	13. NAME <u>UNKNOWN ELLIS</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
	15. MAIDEN NAME <u>ANNA L. UNKNOWN</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>
	17. INFORMANT <u>W. P. TIMMONS</u> (ADDRESS)
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ASHLAND CEMETERY,</u> DATE <u>MARCH 17, 1937</u>
	19. UNDERTAKER <u>FLEEMAN &amp; SON, INC.</u> (ADDRESS) <u>1946 COLHOUN ST. JOSEPH, MO.</u>
	20. FILED <u>3/11</u> 19 <u>37</u> <u>J. H. Nettleton,</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 10, 1937 .1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27th., 1936, to March 10., 1937.  
I last saw h. ER. alive on Mar. 9, 1937. Death is said to have occurred on the date stated above, at 1:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Cervix Uteri 1936  
Carcinomatosis 1936

Date of onset \_\_\_\_\_

Other contributory causes of importance: None

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) S. T. Gleason, M. D.  
(Address) 1218 N. 3rd St.

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.

