

APR 27 1937

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

Do not use this space.

13258

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River (No.)

Registration District No. 224
Primary Registration District No. 4465

File No. 697
Registered No.
St. Ward)

2. FULL NAME

Ella Marler

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence Marler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1st 1877</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>8</u>	DAYS <u>28</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>own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>3-27-37</u>	
11. Total time (years) spent in this occupation <u>48</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bona Gene Mo</u>		
FATHER	13. NAME <u>Chas. Mispley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri Mo</u>	
MOTHER	15. MAIDEN NAME <u>Kate Swels</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri Mo</u>	
17. INFORMANT (ADDRESS) <u>Clarence Marler Flat River Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flat River Mo</u> DATE <u>3-31-37</u>		
19. UNDERTAKER (ADDRESS) <u>Edgewood Bros Flat River Mo</u>		
20. FILED <u>4-5-37</u> <u>Blair mo</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1937, to Mar 29, 1937
I last saw h. or alive on Mar 29, 1937. Death is said to have occurred on the date stated above, at 3:50 p. m.
The principal cause of death and related causes of importance were as follows:
Uremia
Ch. nephritis
Date of onset

Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? Exam 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) E. H. Appleberry, M. D.
(Address) Flat River Mo

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.

