

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson
Township North
City N. C. Mo. (No. St. Joseph Hospital St. _____ Ward)

Registration District No. **399**
Primary Registration District No. **1002**

File No. **19133**

Registered No. _____

2. FULL NAME

ella Middleton
(a) Residence, No. 615 East 60th St., St. _____ Ward.

(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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Middleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-18-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>47</u>	<u>9</u>	<u>3</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Spencer Burris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Albert L. Middleton 615 East 60th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE May-24-1937

19. UNDERTAKER (ADDRESS) Mrs. C. L. Jester 718 Broadway

20. FILED May 23 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-21-1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to May 21 1937

I last saw her alive on May 21 1937 Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Edema of Lungs
105

Other contributory causes of importance:

acute Parangitis

Name of operation Trochotomy Date of 5-20-37

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Clarence A. W. Guse, M. D.
(Address) 1424 Prof Bldg

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.

OCCUPATION 25
FATHER 31
MOTHER _____

Proff. Bldg.

Wa 0236.

12- to 4pm. Sat

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