

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

Do not use this space.

JUL 27 1937

23347

1. PLACE OF DEATH

County Cape Girardeau
Township "
City Cape Girardeau (No. 1)

Registration District No. 125
Primary Registration District No. 009
Registered No. 182
Southeast 10 Hospital St. (Ward)

File No. 23347
Registered No. 182

2. FULL NAME Marguerite Ellis

(a) Residence, No. 408 North Street 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Ellis

22. I HEREBY CERTIFY, That I attended deceased from June 6th 1937, to June 7th, 1937.
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 10:47 PM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1899

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

7. AGE YEARS 37 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

Surgical shock. Date of onset 6/7/37

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

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

Other contributory causes of importance uterine fibroids (multiple) appendicitis

12. BIRTHPLACE (CITY OR TOWN) New Madrid, Mo. (STATE OR COUNTRY)

13. NAME Frank Gales

Name of operation Hysterectomy Date of 6/7/37
What test confirmed diagnosis? findings Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) New Madrid, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Davis

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1937
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) New Madrid, Mo. (STATE OR COUNTRY)

17. INFORMANT Milton Inlow (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount Cemt. DATE June 10, 1937

19. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 6 7 1937 J. M. Thompson Registrar. (Address) Cape Girardeau, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S NAME should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

