JUL 28 1937

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

Do not use this space.

File No. 23760
Registered No. 565

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. 1941, Benton 9 St. Ward)
Registration District No. 318
Primary Registration District No. 7001

2. FULL NAME: Ellen R. Burwell 1
(a) Residence, No. 1941 Benton 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Louis Burwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 23 - 1858

7. AGE: Years 78 Months 8 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Ill.

FATHER
13. NAME: Thomas Hilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER
15. MAIDEN NAME: Mary C. Van Pelt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT (ADDRESS): Mrs. J. H. Milligan Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Hazelwood Cemetery DATE July 11 1937

19. UNDERTAKER (ADDRESS): J. W. Klingner & Co. Springfield, Mo.

20. FILED July 10 1937 Chas. A. George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1937 to July 8 1937
I last saw h~~er~~ alive on July 8 1937 Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Degenerative Cardio vascular renal disease	1 yr

Other contributory causes of importance: 131

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? No
If so, specify
(Signed) Arthur K. Knabb M. D.
(Address) 450 E. Comm 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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