

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 24 1937

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

Do not use this space.

27416

1. PLACE OF DEATH

48

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 5554  
City (No. 114016.23) St. Mo. Ward 236

2. FULL NAME

(a) Residence, No. 114016.23 St. Mo. Ward 236  
(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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19-1857

7. AGE YEARS 79 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. House

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) New Port Tenn

13. NAME Mantooth

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

15. MAIDEN NAME Saphine Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Geo. W. Ellis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washinton DATE July 10, 1937

19. UNDERTAKER (ADDRESS) City of Funeral Home

20. FILED 7-14-1937 F. L. Cook 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 May, 1933, to 6-27, 1937

I last saw him alive on June 27, 1937 Death is said to have occurred on the date stated above, at 2:30 m.

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

Acute dilatation of heart -  
Chronic Myocarditis 4 yrs  
Arterio Sclerosis 4 yrs

Other contributory causes of importance:

Name of operation none Date of no

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 no

(Signed) W. Cameron Anderson, M. D.

(Address) 6520 Udes Ave.

805 Newlon

161.0012

