AUG 24 1937

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

Do not use this space.

File No. 27518

1. PLACE OF DEATH
County: Jasper. Registration District No.: 2 Primary Registration District No.: 2007 Registered No.:
Township:
City: Joplin (No. St Johns Hospital St. Ward)

2. FULL NAME: Dessie Murry Ames.
(a) Residence, No. 911 Dewey St. Galena Ward. Kansas.
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Everett Ames
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 15-1885
7. AGE: Years 52. Months 5. Days 16. (If LESS than 1 day, ...hrs. or ...min.)

OCCUPATION
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): Galena Kans.

FATHER
13. NAME: Wm. Murry.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown.

MOTHER
15. MAIDEN NAME: Anna Belle May Leggett.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown.

17. INFORMANT (ADDRESS): Everett Ames. Galena Kansas.
18. ~~BURIAL, CREMATION~~ OR REMOVAL PLACE: Galena Cemetery Aug 2. 1937
19. UNDERTAKER (ADDRESS): Boice undertaking Co. Galena Kansas.
20. FILED: 8-5-1937 E. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31 - 1937.
22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937, to July 31, 1937. I last saw her alive on July 25, 1937. Death is said to have occurred on the date stated above, at 9:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlebitis of L Limb	
Gangrene of L Limb	
Shock	

Other contributory causes of importance:
Fracture of Right Ulna & fibula - Hysterectomy - Fracture of left hip - Fracture of Femur
Name of operation: Open reduction Date of: 7/12/37
What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, homicide~~? yes Date of injury 7/5, 1937
Where did injury occur? Seneca Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public - Crossing street - Auto -
Manner of injury: auto struck patient
Nature of injury: abrasions.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. Mitchell Shepherd, M. D.
(Address) Joplin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Greg