

OCT 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Clark Registration District No. 190  
Township Madison Primary Registration District No. 5269  
City..... (No. Clark County Home St. .... Ward)

File No. 33953  
Registered No. 53

2. FULL NAME Mary Ellen Poe

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 7 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 14 27 no

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Feb. 1, 1930 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) Boone County  
(STATE OR COUNTRY) Iowa

13. NAME Andrew J. Poe

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

15. MAIDEN NAME Rachel Jane Meek

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

17. INFORMANT Sarah P. Thompson  
(ADDRESS) Connellison, Iowa.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Anson, Mo. DATE Sept. 3, 1937

19. UNDERTAKER H. C. Page #1368  
(ADDRESS) Farmington, Iowa.

20. FILED Sept 3, 1937 J. R. Brisson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1937. 19

22. I HEREBY CERTIFY, that I attended deceased from Aug 25, 1937 to Sept 1, 1937

I last saw her alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 J. R. Brisson M. D.  
(Signed) J. R. Brisson  
(Address) ..... Mo.

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.

