

JAN 10 1938

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

Do not use this space.

7917
1003

43384

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City (No. 1392 Goodfellow Ave. St. Ward)

2. FULL NAME Ellen E. Durham,

(a) Residence, No. 1392 Goodfellow Ave. 6 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonzo Durham.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/1/1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 17

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

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) St. Louis, Mo. /

13. NAME Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Edith Durham,
(ADDRESS) 1392 Goodfellow Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12-21

19. UNDERTAKER W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand Blvd.

20. FILED DEC 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 1937 to 1937, 1937.
I last saw h. in 1937. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Acute
Heart Failure
Coronary Disease
Date of onset

Other contributory causes of importance:

Name of operation none Date of operation none
What test confirmed diagnosis? Clinical 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify James G. Stodt, M. D.
(Signed) 1004 North St.
(Address)

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.

000

Mrs D. P. Hale.
1004 Wm. Heaton Bldg.

Sept 8620

1-2