

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

Do not use this space.

3498

1. PLACE OF DEATH
 County Monroe Registration District No. 581
 Township _____ Primary Registration District No. 4343
 City Monroe City (No. _____) St. _____ (Ward _____)

2. FULL NAME Mollie J. Ellington 452
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 26
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938
 I HEREBY CERTIFY, that I attended deceased from June 21, 1938 to June 30, 1938
 I last saw him alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset 1-20 1938
 Other contributory causes of importance: g221

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME Allen H. Winders
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Margaret Nicholson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina
 17. INFORMANT Mrs. M. J. Swearengen
 (ADDRESS) Monroe City, Mo
 18. BURIAL, CREMATION, OR REMOVAL St. Judes Cemetery DATE February 1, 1938
 19. UNDERTAKER Wilson & Son
 (ADDRESS) Monroe City, Mo
 20. FILED Jan 31, 1938 W.P. Phipps
 Registrar.

Name of operation _____
 What test confirmed diagnosis? Cerebral Hemorrhage 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? _____
 If so, specify _____
 (Signed) W.P. Phipps M. D.
 (Address) Monroe City, Mo

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.

RECEIVED

FEB 28 1938

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