

REC'D APR 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County McDonald
Township Jeniville
City Jeniville

Registration District No. 1147
Primary Registration District No. 5098

File No. 6 11387
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Ethel May Schell 400

(a) Residence, No. _____ St. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 11 17

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) McDonald (STATE OR COUNTRY) MO

13. NAME Jess Schell

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

15. MAIDEN NAME Nancy Pendragon

16. BIRTHPLACE (CITY OR TOWN) Jeniville (STATE OR COUNTRY) MO

17. INFORMANT Jess Schell (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosier DATE 3-20 1938

19. UNDERTAKER Lee O. Carnell (ADDRESS) _____

20. FILED 3-19 1938 Lee Carnell Registrar. 467

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. 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:

Automobile accident Date of onset _____

Car skidded on gravel road and turned over

Other contributory causes of importance: head crushed

210 ft

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 of injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Lee O. Carnell _____ M. D.

(Address) Jeniville 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.

