

DEED OCT 18 1938

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

Do not use this space.

32681

1. PLACE OF DEATH.

County Livingston,
Township Monroe,
City Ludlow, (No. _____)

Registration District No. 574
Primary Registration District No. Monroe

File No. 302
Registered No. 3
St. _____ Ward _____

2. FULL NAME Ellen E. Stewart, 31/2

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 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. ~~_____~~ WIDOWED, OR Widowed, (write the word)

5A. IF ~~_____~~ WIDOWED, OR ~~_____~~ HUSBAND OF Hugh M. Stewart, (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct.-15th.-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired House
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Edgar County, (STATE OR COUNTRY) Ills.,

FATHER 13. NAME Robert Hawkins,

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

MOTHER 15. MAIDEN NAME Rebecca Dunn,

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

17. INFORMANT Everett Stewart (ADDRESS) Ludlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe Cemetery DATE Aug.-10th. 1938

19. UNDERTAKER E. J. Michael (ADDRESS) Wraymoor, Mo.

20. FILED Aug 11, 1938 Registrar. Edw. Moran

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 8, 1938, 1938. I last saw her alive on Aug 8, 1938. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:
Senility with Hyostatic pneumonia (Date of onset Aug 1/38)

Other contributory causes of importance:
Senility

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) Edw. Moran, M. D.
(Address) Ludlow Mo

1112

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 514
 (b) Township Monroe Primary Registration District No. 5683 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellen E. Stewart
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>9</u>	<u>7</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED July 6, 1928 Geo. Moore
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1935

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

I last saw him _____ 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:
Sentinel with Hypostatic
Pneumonia
Pneumonia
 Other contributory causes of importance: _____

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 _____ (Signed) Geo. Moore, M. D.
 (Address) Ladlow mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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