

REC'D FEB 27 1939

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

3978
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038 Registered No. 11
(c) City Marshall, Mo. (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

Mrs. Ella S. Thayer
(a) Residence, No. Sw. 8th St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Thayer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1864
7. AGE YEARS 74 MONTHS 7 DAYS 11 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Chargin Falls, Ohio

FATHER 13. NAME Oliver Hobart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chargin Falls, Ohio

MOTHER 15. MAIDEN NAME Helen Sprinkle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chargin Falls, Ohio

17. INFORMANT (ADDRESS) George A. Thayer, Sw. 8th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge of Elm DATE Jan. 12, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. Leslie Burroughs, 219 Marshall, Marshall, Mo.

20. FILED 1-12-39 Marj. Reat Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1939, to Jan 10, 1939
last saw her alive on Jan 19th, 1939 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1-5-39

Other contributory causes of importance:

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) H. B. Putnam, M. D.
(Address) Marshall Mo.

WHILE 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
District Health Officer No. 8,
District File Number
Date Filed 6/26/39

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Surrain, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed J. Leslie Surrain
Licensed Embalmer No. 3235

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)