

REC'D FEB 6 1939

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

Do not use this space.

1. PLACE OF DEATH

County Scott

Township

City Chaffee

(No. _____)

Registration District No. 816Primary Registration District No. 4492File No. 4027Registered No. 25

St. _____ Ward _____

2. FULL NAME

Ellen McDaniel(a) Residence, No. 122 Cook Ave. St. 1 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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)

Widowed

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

W. M. McDaniel

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

Aug. 15 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7543

OCCUPATION

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

Housework

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)

Jan. 15 1939

11. Total time (years) spent in this occupation

50

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

No recordKy.

MOTHER / FATHER

13. NAME

No record

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

"

15. MAIDEN NAME

No record

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

"

17. INFORMANT

Mrs. J. C. Hampton

(ADDRESS)

Chaffee Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hargen Cem.Diswood Ill.DATE 1-191939

19. UNDERTAKER

Stubbs Funeral Home

(ADDRESS)

Chaffee Missouri

20. FILED

119391939W. O. FinneyRegistrar

MEDICAL CERTIFICATE OF DEATH

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

1-181939

22. I HEREBY CERTIFY, That I attended deceased from

1-181939

to

1-181939

I last saw her alive on

1-181939

Death is said

to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Apparently Carbon
apo. plexy -

Date of onset

1/16/39Exact cause unknown
natural cause39

Other contributory causes of importance:

8741

Name of operation

no

Date of

What test confirmed diagnosis?

none

Was there an autopsy?

Y

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)

W. O. Finney, M. D.
Chaffee Mo.

(Address)

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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.

