

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Commerce
City Commerce (No.)

Registration District No. 517
Primary Registration District No. 4493

File No. 4030
Registered No. St. Ward

2. FULL NAME DOXA ELIZABETH PELL

(a) Residence, No. Commerce Mo Ward (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3. - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 29

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

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) 11. Total time (years) spent in this occupation

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

13. NAME Jesse Foreman

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

15. MAIDEN NAME Dont know

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

17. INFORMANT (ADDRESS) W. W. Pell
Loose Sheridan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Dale Cem DATE Feb. 2nd 1939

19. UNDERTAKER (ADDRESS) Walther Funeral Home
Loose Sheridan Mo

20. FILED Feb 1 1939 C. H. McWint Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1938 to Feb 1 1939

I last saw , alive on Jan 31 1939. Death is said to have occurred on the date stated above, at 7 A.M.

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

Chronic myocarditis

Other contributory causes of importance: 93 C

Senility

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? Yes
If so, specify

(Signed) W. J. Danaher, M. D.
(Address) Illmo. 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.

Sadie Jaricot

