

MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Holt

Registration District No.

371

Township

Clay

Primary Registration District No.

4217

City

Maitland

(No.)

File No.

14991

Registered No.

44

St.

Ward)

2. FULL NAME

Ellen Colwell Wately

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

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

William Wately

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

Feb. 7-1864

7. AGE

90

YEARS

MONTHS

DAYS

24

If LESS than 1
day,hrs.
ormin.

OCCUPATION

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)

Peoria Co. Illinois

(STATE OR COUNTRY)

FATHER

13. NAME

John Colwell

14. BIRTHPLACE (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Polly Springer

16. BIRTHPLACE (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)John Wately
Maitland Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maitland Mo. DATE 4-3-39

19. UNDERTAKER
(ADDRESS)Campbell Funeral Home
Maitland Mo.

20. FILED

4-3-39 Vern H. Stout
Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Mar 12, 1939, to Apr 1, 1939

I last saw her alive on April 1, 1939. Death is said

to have occurred on the date stated above, at 9:20 p. m.

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

Date of onset

Shock due to fall
on Mar 12.

Other contributory causes of importance:

Great age

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar 12, 1939

Where did injury occur? Maitland Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home with me

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. M. Lelley, D.O., M.D.

(Address) Maitland, Mo.

RECEIVED

District Health Officer No. 111

District File Number 38,424

Date Filed MAY 4 1938