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.

REC'D MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Marion
Township: ~~Mason~~
City: Hannibal
Registration District No.: 547
Primary Registration District No.: 3029
(No. St. Elizabeth Hospital St. Ward)
File No.: 15476
Registered No.: 116

2. FULL NAME: 350 Missouri Ellen Haydon
(a) Residence, No. Palmyra, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F.L. Haydon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1885
7. AGE: YEARS 54 MONTHS 1 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

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: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo. 0

FATHER
13. NAME: John H. Bross 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo. 1

MOTHER
15. MAIDEN NAME: Elenora Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chimney Rock, Neb.

17. INFORMANT (ADDRESS): F.L. Haydon Palmyra, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Palmyra, Mo.
PLACE: Greenwood Cem. DATE: April 2, 1939
19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.
20. FILED: April 1, 1939 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1939, to Mar 30, 1939
I last saw her alive on Mar 30, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Influenzal pneumonia
Date of onset
Other contributory causes of importance: 11a
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? 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) J. H. Hell, M. D.
(Address) Palmyra 488