

REC'D MAY 22 1938

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

15619

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 605
(b) Township Corno Primary Registration District No. 4559 Registered No. _____
(c) City _____ (d) Street No. _____
(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 Tompkins
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wife
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) Tenn13. NAME George Morlett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Millie Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT (ADDRESS) Tom Tompkins
Calron18. BURIAL, CREMATION, OR REMOVAL PLACE Calron DATE 4-16 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. B. Co.
Shelburne20. FILED 4-15 1938 W. H. B. Co.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 193822. I HEREBY CERTIFY, That I attended deceased from 2 to 12 1938I last saw h. alive on 4-14 1938 Death is said to have occurred on the date stated above, at 8:20 P. m.

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

Possible cerebral hemorrhage Date of onset _____This woman had started to go to neighbors and died on the way. I saw her some 30 minutes after she had died.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? factory Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

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? _____

If so, specify _____ (Signed) _____ M. D.

(Address) Parsons

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.