

REC'D SEP 21 1939

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

30489
Do not use this space.

1. PLACE OF DEATH
 (a) County Webster Registration District No. 896
 (b) Township Ozark Primary Registration District No. 6198
 (c) City Marshfield (d) Street No. _____ Registered No. 21
 (e) Length of residence in city or town where death occurred 48 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

2. PRINT FULL NAME 360 Ella Mae Detherow
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 James Detherow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 20, 1878
 7. AGE YEARS 61 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan 1
 13. NAME ? Tyler 2
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Virgil Detherow
 (ADDRESS) Marshfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield DATE July 20, 1939
 19. FUNERAL DIRECTOR (NAME) Rex Rainey
 (ADDRESS) Marshfield Missouri
 20. FILED Aug 18, 1939 Elizabeth Regier
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939 to April 25, 1939
 I last saw her alive on April 25, 1939 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:
Carcinoma of Stomach approximately 2 yrs
 Date of onset _____
 Other contributory causes of importance: 46
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Aut 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? _____
 If so, specify _____
 (Signed) A. E. Dadd, M. D.
 (Address) Marshfield Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

R. 101-10

Sanitary Officer No. 6,

District File Number 939-1901

Date Filed SEP 10 1939

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.