

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.

JAN 22 1940

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

Do not use this space.

7

1. PLACE OF DEATH  
County DeKalb Registration District No. 288  
Township Kennett Mo Primary Registration District No. 4172  
City Kennett Mo (No.     ) St.      Ward     

2. FULL NAME Laura Ellison  
(a) Residence, No. Kennett Mo St.      Ward.       
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

File No. 43269  
Registered No.     

PERSONAL AND STATISTICAL PARTICULARS

3. SEX P 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)     

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Ellison

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<u>51</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>    </u>

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

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) DeKalb Co Tenn

13. NAME William Cleve Deason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Laura Cleve Deason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Perry Thompson (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb Tenn DATE 12-25

19. UNDERTAKER H. S. Smith (ADDRESS)     

20. FILED 12-28 1939 Hubert Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1939

22. I HEREBY CERTIFY that I attended deceased from unattended by physician 19     to      19      
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis  
94%  
Other contributory causes of importance: Hypertension

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

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) George J. Gelma  
(Address) Crown of DeKalb Tenn  
Hubert Davis

RECEIVED

District Health Officer No. 5

District File Number 140 Alaska

Date Filed 1/26/71

RECEIVED

DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH



