Mrs Arch Wallace

FILED SEP 11 1942

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

Do not use this space.

27818

1. PLACE OF DEATH

75 County Oregon — Registration District No. 634-285 — 75 File No.

0 Township Highland — Primary Registration District No. 5837 5872 — 0 Registered No.

0 City Rover, rural (No. ..... , ... 0 St. ..... Ward)

2. FULL NAME 1 Ella Heard

(a) Residence, No. Rover, Mo., Rural St., Rover Rt. Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 1

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 2 Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Heard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apl. 21st, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	8	5	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 2 years ago

11. Total time (years) spent in this occupation: 44 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell Co. Missouri 0

FATHER

13. NAME: William Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

MOTHER

15. MAIDEN NAME: Emaline Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

17. INFORMANT (ADDRESS): Mrs. Gertrude Huddleston Rover, Rover Rt. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jolliff Cemetery DATE 12/28/41, 19

✓ 19. UNDERTAKER (ADDRESS): Rover, Rover Rt. Mo.

20. FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 26th, 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1941, to Dec. 26th, '41, 19

I last saw her alive on Dec. 18th, 1941. Death is said to have occurred on the date stated above, at 10:35 m. P.M.

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

	Date of onset
Gastric Haemorrhage	
46b	
Other contributory causes of importance:	
Gastric Carcinoma, with gastric ulcer	3 yrs

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical 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) A. H. Thornberry Jr. M. D.

(Address) West Plains, 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.

50M-10-22-36 I X9314

RECEIVED
District Health Officer No. 5,
District File Number 94 2705.
Date Filed 9-10-42

V. S. No. 2B
10M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27818

Registration District No. 255 Primary Registration District No. 5872 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ella Heard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 21 (Day) 87 (Year)

8. AGE: Years 46 Months 8 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 10/1 1942 (Date received local registrar) (b) Henry W. Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY