

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

Do not use this space.

35990

1. PLACE OF DEATH

County Buchanan
 Township Marion
 City Easton, Mo.

Registration District No. 82
 Primary Registration District No. 5123
 (No. 4 miles No. of Easton, Mo.)

File No. 14
 Registered No. 14
 St. Ward

2. FULL NAME

Eliza Ellen Bermond

(a) Residence, No. St. Ward
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. 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 OR (OR) WIFE OF George W. Bermond

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 23, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co., Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER John Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wales.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Deppen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

14. INFORMANT Geo. W. Bermaond
 (Address) Easton, Mo.

15. FILED DEC 11 1927 A. J. Paig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-3 19 27

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1927, to December 3, 1927 that I last saw her alive on December 3, 1927, and that death occurred, on the date stated above, at about 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinosis - General
From metastases from malignant
Papillary Cyst. Adenoma of right ovary.
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Recurrent
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 18-1927
Had a ruptured tubal-pregnancy
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Pathological Examination
tim - gross and microscopic
 (Signed) W. J. Potter, M. D.

12/3/27, 1927 (Address) 731 Faram - St. Joseph

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bowen Cemetery

DATE OF BURIAL

Dec. 6, 1927

20. UNDERTAKER

Walter Meinhoffer

ADDRESS

1302 Faraon St.

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.

metastasis

