

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

Do not use this space.

22639

1. PLACE OF DEATH

County HENRY
Township CLINTON
City CLINTON (No.)

Registration District No. 347
Primary Registration District No. 2018

File No.
Registered No. 54
St. Ward)

2. FULL NAME

ELLEN FRANCES OAKES

(a) Residence. No. 901 No. Fourth St., 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 BLACK 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF TOM OAKES

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work DEPENDENT
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer MRS. A.W. FREEMAN

9. BIRTHPLACE (CITY OR TOWN) HUMANSVILLE
(STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER UNKNOWN

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

12. MAIDEN NAME OF MOTHER HARRIET MAUPIN

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

14. INFORMANT MRS. LLOYD MARSHALL
(Address) CLINTON, MO

15. FILED 6/19 19 20 Dr. E.C. Teelor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/6/1930

17. I HEREBY CERTIFY, That I attended deceased from 7/6/1930 to 7/6/1930, and that I last saw him alive on 7/6/1930, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Acute Myocarditis
2. Pulmonary Edema
33A
11B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Edema (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Dr. R. Hallingworth M. D.

, 19 (Address) Clinton, Mo.

*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 CLINTON Mo DATE OF BURIAL 7-9-1930

20. UNDERTAKER SIMS-WILKINSON CLINTON
ADDRESS

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.

