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

Do not use this space.

REC'D AUG 26 1938

26384

1. PLACE OF DEATH
County St. Francois | Registration District No. 775 | File No.
Township Parent | Primary Registration District No. 6020-A. | Registered No. 56
City Bonne Terre (No. B.V. Hospital St. Ward)

2. FULL NAME Ellan Bone 500

(a) Residence. No. Hopewell, Mo. St., Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	3	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 0
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Valentine Forshee 0
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 0
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lettie Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Frank Bone
(Address) Mineral Point Mo

15. FILED 7-12, 1938. N. W. Hawkins REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1938

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to July 11, 1938, that I last saw h[illegible] alive on July 11, 1938, and that death occurred, on the date stated above, at 8 45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage. 21

(duration) ....yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Cardio vascular renal disease

(duration) ....yrs. 3 mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Ironton, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.
(Signed) David Edmonds, M. D.
July 12, 1938. (Address) Bonne Terre, 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	DATE OF BURIAL
Hope Well	July 13 1938
20. UNDERTAKER	ADDRESS
J. S. Boyer & son	Leadwood Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.