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

Do not use this space.

File No. 14971
Registered No. 3

1. PLACE OF DEATH
County Mississippi — Registration District No. 566
Township Tywappity — Primary Registration District No. 5762
City ~~Bertrand~~ (No. ..... St. ..... Ward)

2. FULL NAME Ella Arta Voelker
(a) Residence. No. Bertrand 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 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. W. Voelker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 10, 1876

7. AGE: YEARS 55 — MONTHS 2 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 93C
(b) General nature of industry, business, or establishment in which employed (or employer): 112
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

PARENTS
10. NAME OF FATHER: James B. Hutson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo
12. MAIDEN NAME OF MOTHER: Frances Hudson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

14. INFORMANT: C. W. Voelker
(Address) Bertrand Mo.

15. FILED April 4th, 1931 F. S. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3 8:38 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar, 1928, to Apr 11, 1931 that I last saw her alive on April 1, 1931 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Asthma
Hemiplegia (ancient)
Chronic Myocarditis
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93C
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Howard M Kendig, M. D.
, 19 (Address) Sikeston 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: Oak Grove — DATE OF BURIAL: 4/12 1931

20. UNDERTAKER: Lau Und Co. [signature] — ADDRESS: Charleston 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.

MAY 27 1931

Dr. Kendig