

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 114 South 19th.) St. _____ Ward _____

28495

File No. _____
Registered No. 855

2. FULL NAME Ella Hurst Roundtree,

(a) Residence, No. 114 South 19th. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 7, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Buchanan County, 1
(STATE OR COUNTRY) Missouri,

MOTHER FATHER 13. NAME Armestead Hurst,
14. BIRTHPLACE (CITY OR TOWN) Macon County, 2
(STATE OR COUNTRY) Tennessee,

MOTHER 15. MAIDEN NAME Matilda Farris,
16. BIRTHPLACE (CITY OR TOWN) Macon County,
(STATE OR COUNTRY) Tennessee,

17. INFORMANT Wm R Roundtree
(ADDRESS) 114 South 19th Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mota Cem DATE Sept. 5th, 1932

19. UNDERTAKER Heaton B. Gals & Bowman
(ADDRESS) 319 S. 10th St. Sunnyside Home

20. FILED 9-3-32 1932
John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mary 1932, to Sept 2, 1932
I last saw her alive on Sept 2, 1932. Death is said to have occurred on the date stated above, at 9:05 am.
The principal cause of death and related causes of importance were as follows:

Duets Mellitus Date of onset 1907
59 59
Other contributory causes of importance: None

Name of operation none Date of _____
What test confirmed diagnosis? Blood 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) Amey Horton, M. D.
(Address) St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 24 1932

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.

