

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

Do not use this space.

File No. **19372**

1. PLACE OF DEATH

County Audrain Registration District No. 26
Township Walt River Primary Registration District No. 3002
City Walt River Audraye Co Hospital

Registered No. 66
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Miss Raseph Ellis Ward _____
(Usual place of abode) New Florence Mo.

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872-2-18

7. AGE YEARS 62 MONTHS 8 DAYS 13+ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY)

13. NAME Marion Ellis

14. BIRTHPLACE (CITY OR TOWN) Montgomery Co (STATE OR COUNTRY)

15. MAIDEN NAME Mattilda E. Beach

16. BIRTHPLACE (CITY OR TOWN) Montgomery Co (STATE OR COUNTRY)

17. INFORMANT J. P. Ellis (ADDRESS) New Florence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence DATE 6/3/34

19. UNDERTAKER E. P. Beach (ADDRESS) New Florence

20. FILED 6-2- 1934 Blanche Neely Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-14- 1934 to 6-1- 1934

I last saw h. alive on 6-1- 1934 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis
131
Chronic Nephritis
131
This was an acute exacerbation of a Chronic nephritis.

Other contributory causes of importance:
Hypertension 131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) Frank J. Kelly, M. D.
(Address) Mexico, Mo.

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

