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

MAR 5 1935

Do not use this space.

791
1003

7514

File No.
Registered No. 1961

1. PLACE OF DEATH

County
Township
Registration District No.
Primary Registration District No.
City St. Louis (No. Frisco Hosp. St. Ward)

2. FULL NAME Ella Barham

(a) Residence, No. 7015 Marquette St., 3 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	10	28	

OCCUPATION

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

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) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME Chris Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Phoebe Layton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mr. B.C. Barham
(ADDRESS) 7015 Marquette

18. BURIAL, CREMATION, OR REMOVAL
PLACE Atlanta, Ill. DATE 2/28 1935

19. UNDERTAKER Gaghan Und. Co. Inc
(ADDRESS) 7146 Manchester Ave.

20. FILED FEB 27 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1935, to 2-27 1935
I last saw her alive on 2-27 1935. Death is said to have occurred on the date stated above, at 5:43 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Fracture of Right Femur	"

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-26 1935
Where did injury occur? At her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Fell on floor at home
Manner of injury Fracture Rt. Femur
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Hugh Haynes Jr, M. D.
(Address) 4960 Laclede

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.

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

1-11-24-33