

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County MISSISSIPPI
Township TYWAPPA
City CHARLESTON

Registration District No. 566
Primary Registration District No. 5762

File No. 12663
Registered No. 53

2. FULL NAME

Ella Dismore
R#3

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Cresett Dismore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1885

7. AGE YEARS 51 MONTHS 3 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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) McCacken Co. Ky (STATE OR COUNTRY)

13. NAME Frank McClain

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

15. MAIDEN NAME Sarah Gulp

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

17. INFORMANT (ADDRESS) Cresett Dismore, Charleston, Mo. R#3

18. BURIAL, CREMATION, OR REMOVAL PLACE Put Spore Cem. DATE March 6, 1937

19. UNDERTAKER (ADDRESS) Frank Linn Funeral Service, Charleston, Mo.

20. FILED 3-6-1937 F. J. Demmon Registrar.

MEDICAL CERTIFICATE OF DEATH 12:05 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1937, to March 5 1937

I last saw h. E. R. alive on March 5, 1937. Death is said to have occurred on the date stated above, at 12:05 P.

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

Rh. Lobar Pneumonia Date of onset 2/22/37
Other contributory causes of importance: 108

Name of operation none Date of _____
What test confirmed diagnosis? Cult. 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? _____
If so, specify _____
(Signed) C. C. Salway, M. D.
(Address) Charleston, Mo.

Physicians signing state certificate of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

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