

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.

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

Do not use this space.

DEC 17 1935

35417

1. PLACE OF DEATH *Carrollton*
 County *Carroll* Registration District No. *135*
 Township *Carrollton* Primary Registration District No. *3010 ch*
 City *Carrollton* (No. *126*) East *8th* St. *1st* Ward
 2. FULL NAME *Ella B. Allee*
 (a) Residence, No. *106 E 9th* St., *1st* Ward.
 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED Husband of (OR) WIFE OF *F. V. Allee*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4-1-1892*
 7. AGE YEARS *43* MONTHS *7* DAYS *21* If LESS than 1 day,hrs. ormin.
 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) *Frunnet Mo*
 FATHER 13. NAME *Chas. E. Mersell*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co Mo*
 MOTHER 15. MAIDEN NAME *Mary Turner*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chattanooga Tenn*
 17. INFORMANT (ADDRESS) *Mrs J. B. Huskey*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill Cem* DATE *11/24 1935*
 19. UNDERTAKER (ADDRESS) *Wells Funeral Home Carrollton Mo*
 20. FILED *11-23 1935* *Wm. Huskey Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-22 1935*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 1 1935*, to *11-22 1935*
 I last saw her alive on *11-22 1935* Death is said to have occurred on the date stated above, at *5:15 p.m.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Cervix 10-1-34
 Other contributory causes of importance:
 Name of operation *Hysterectomy* Date of *Oct 1934*
 What test confirmed diagnosis *Biopsy* 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) *A. B. Deconvor*, M. D.
 (Address) *Carrollton Mo*

