

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.

APR 25 1934

## PLACE OF DEATH

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. 10129  
Registered No. 42  
St. .... Ward)

2. FULL NAME Ella Patterson Magill

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Thomas Magill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14-1884</u>		
7. AGE <u>79</u>	YEARS <u>7</u>	MONTHS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Duties</u>		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

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallatin Penn</u>
13. NAME <u>J. Turner</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallatin Penn</u>
15. MAIDEN NAME <u>Mary Patterson</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallatin Penn</u>
17. INFORMANT <u>Miss Dell Magill</u> (ADDRESS) <u>Richmond mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Mar 29</u> 19 <u>34</u>
19. UNDERTAKER <u>E. J. Homan</u> (ADDRESS) <u>Richmond mo</u>
20. FILED <u>4-9</u> 19 <u>34</u> <u>E. E. Hay</u> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1934  
22. I HEREBY CERTIFY, That I attended deceased from 1-5 34, to 3-27 34  
I last saw her alive on 3-27 1934 Death is said to have occurred on the date stated above, at 12:20 AM.  
The principal cause of death and related causes of importance were as follows:

Cancer of Liver  
465  
71 AY  
46  
Other contributory causes of importance:  
Peritoneal Anemia

Name of operation Phys Date of ...  
What test confirmed diagnosis? Phys 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) Thos J. Cook M. D.  
(Address) Richmond, Mo

