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

PLACE OF DEATH

County Shelby

Township Bethel
or
Village
or
City (NO. St.: Ward)

Registration District No. 826 File No. 41628

Primary Registration District No. 6087 Registered No. 14

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ellis Latimer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Apr (Month) 1 (Day), 1891 (Year)

AGE: 22 yrs. 8 mos. 25 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Shelby County Mo

PARENTS

NAME OF FATHER: Geo W Wilson

BIRTHPLACE OF FATHER (City or town, State or foreign country): Newark Mo.

MAIDEN NAME OF MOTHER: Alice Moran

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Wilson

(ADDRESS) Bethel Mo.

Filed ~~Jan 8~~ Dec 26-13, 1914 L L Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 25th (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from March, 1910, to Dec-25, 1913, that I last saw her alive on Dec-25, 1913, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

(Vaso Motor) Angina Pectoris 9 d

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J Watkins MD M. D.

Dec 26, 1913 (Address) Newark Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Shiloh Cemetery

DATE OF BURIAL: 12-26-1913

UNDERTAKER: J B Brothers

ADDRESS: Bethel Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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CERTIFICATE OF DE

PLACE OF DEATH

County Shel

Township
or
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or
City (NO. St.: Ward)

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH
(Month) (Day) 1 (Year)

AGE
yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country)

PARENTS
NAME OF FATHER
BIRTHPLACE OF FATHER (City or town, State or foreign country)
MAIDEN NAME OF MOTHER
BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed , 191 , REGISTRAR

MEDICAL CERTIFICATE OF DE

DATE OF DEATH
(Month)

I HEREBY CERTIFY, that I atte
, 191 , to
that I last saw h alive on
and that death occurred, on the date state
The CAUSE OF DEATH* was as follows:

(Duration) yrs.

Contributory
(SECONDARY)
(Duration) yrs.

(Signed)
, 191 (Address)

*State the Disease Causing Death, or, in deaths (1) Means of Injury; and (2) whether Accidental, Suicid

LENGTH OF RESIDENCE (FOR HOSPITALS INS RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL

UNDERTAKER

neoplasms); Measles;