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

Do not use this space.

File No. 19237-a

Registered No. .....

PLACE OF DEATH

County: Madison

Township: ~~St. Michael~~

City: Fredericktown (No. ..... St. ..... Ward)

Registration District No. 384

Primary Registration District No. 3024

2. FULL NAME Chas. W. Ellis

(a) Residence. No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. about 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)
male	White	married

7. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5-1847

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	3	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer & Farmer 13

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Perry Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Lunsford Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dorit-Kwa
(STATE OR COUNTRY) Ill-Mo

12. MAIDEN NAME OF MOTHER Nancy Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ft. Kwa
(STATE OR COUNTRY) Ill-Mo

INFORMANT Mrs. Susan A. Ellis
(Address) Fredericktown Mo

Filed May 25 1917 C. H. Dawn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-12th 1917

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1917, to May 12th, 1917 that I last saw h. alive on May 12th, 1917, and that death occurred, on the date stated above, at 3.0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Cancer
(Carcinoma)
13 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bright's Disease
(duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? HHD
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) M. B. Barber, M. D
May 13, 1917 (Address) Fredericktown Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Methodist Cemetery — DATE OF BURIAL 5/13/1917

20. UNDERTAKER Ed. H. Hibb — ADDRESS Fredericktown Mo

WRITE IN INK—THIS IS A PERMANENT RECORD

B—Every statement of fact must be given for all DEATHS, but CAUSE of death only for those occurring after 21 years of age.