

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

-5928

1. PLACE OF DEATH

County Jackson Registration District No. 3 File No. 5928
 Township Kanawha Primary Registration District No. 1901 Registered No. Lester
 City Traverse City (No. 1901) St. Lester Ward

2. FULL NAME

(a) Residence, No. 1901 St. Lester Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 0 21 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Arthur D. Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Agnes Bell Kentner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

14. INFORMANT Arthur D. Ellis
 (Address) 1901 Lester

15. FILED Feb. 1, 1919 Ada Lemae
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 19 19

17. I HEREBY CERTIFY That I attended deceased from 12 to 1919 that I last saw him alive on Feb. 10 1919 and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Death from Pneumonia

CONTRIBUTORY (SECONDARY) 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH. W DATE OF

WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS? Pneumonia

(Signed) Thomas P. ..., M.D.
 (Address) 722, 1919 ...

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Feb. 22, 1919

20. UNDERTAKER Dr. W. W. ... ADDRESS 211 E 9th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

