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.

26 1927

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

Do not use this space.
11345

1. PLACE OF DEATH
County Dunklin
Township Arbor
City ..... (No. ..... St. ..... Ward)
Registration District No. 284
Primary Registration District No. 5403
File No. .....
Registered No. 6

2. FULL NAME William R. 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 yrs. mos. 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-18-1860

7. AGE: 67 YEARS | MONTHS: [illegible] | DAYS: 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Common Labor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: none

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Joe Ellis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Hont Kusco
12. MAIDEN NAME OF MOTHER: Papie Poe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo

14. INFORMANT: Miles A. Bragg
(Address): Clarkton

15. FILED: 4-25-27, 19.. J. B. Stemmer, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apl. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from 4/25, 1927, to 4/25, 1927 that I last saw h.. alive on ....., 1927 and that death occurred, on the date stated above, at 7-20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide
170 (duration) Instant yrs. mos. ds. death

CONTRIBUTORY (SECONDARY)
Gunshot (duration) Death yrs. mos. ds. instant

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Corroners Inquest
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) M. Dittlaw, M. D
4-25, 1927 (Address) Clarkton

*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: Stanfield
DATE OF BURIAL: 4/26 1927

20. UNDERTAKER: Walter Hubbard
ADDRESS: Clarkton