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

Do not use this space.

33274

1928

1. PLACE OF DEATH
County: Grundy — Registration District No. 330 — File No.
Township: — Primary Registration District No. 3017 — Registered No.
City: Trenton (No. ..., ..., St. ..., Ward)

2. FULL NAME: Sarah 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 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1849

7. AGE: Years 78 | Months 7 | Days Don't know | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER: Wm Cupp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Thos E. Ellis
(Address): Trenton Mo

15. FILED: Nov 8, 1927 — E. A. Duffy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 7th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1927, to Nov 7, 1927, that I last saw h. alive on Nov 6, 1927, and that death occurred, on the date stated above, at 11.10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11 D Influenza
1 hr
1 hr D
(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY): Senile Dementia
(duration) 2 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O R Rooks, M. D
11-7, 1927 (Address) Trenton 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: Tolle Cemetery — DATE OF BURIAL: 11/8 1927

20. UNDERTAKER: R H Hemley — ADDRESS: Trenton Mo

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.