FEB 21 1928

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

Do not use this space. 829

1. PLACE OF DEATH
County: Grundy
Township:
City: Trenton (No. ..... St. ..... Ward)

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.

2. FULL NAME Samuel David 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): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carrie Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 3-1880

7. AGE: Years 47 | Months 10 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Mo

PARENTS

10. NAME OF FATHER: Milt Ellis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Elmanthy Shankle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.

14. INFORMANT: Harison Ellis
(Address): Trenton Mo.

15. FILED: Jan 21, 1928 E. A. Duffy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan-19-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to Jan 19, 1928, that I last saw h. alive on Jan 19, 1928, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
automobile accident - Probable fracture of base of skull and internal injuries
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 210 Mg
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G H Cullers, M. D
Jan 24, 1928 (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: Bethel Cem. E. Spickard Mo | DATE OF BURIAL: Jan 22 1928

20. UNDERTAKER: Gipson Fun. Co. | 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.

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

...ld be stated EXACTLY. PHYSICIANS should state ... Exact statement of OCCUPATION is very important. THEY ARE COMPLETE AS PRESCRIBED BY LAW

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: Samuel David Ellis
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W.	M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ... LESS than 1 ... hrs. ... min.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Automobile accident, probably fracture of base of skull and internal injuries
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.
WAS DISEASE CONTRACTED AT PLACE OF DEATH? ...
OPERATION PRECEDE DEATH? ..... DATE OF ...
WERE AN AUTOPSY? ...
TEST CONFIRMED DIAGNOSIS? ...
Signed) ..... M. D
..... 19 (Address)

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

Accident occured in Trenton, Mo (Grundy County)
C H Cullers

INFORMANT ...
(Address)

15. FILED Mar 12, 1928 E. A. Leuffey REGISTRAR

OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

N... CA... RE...

ORIGINAL

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