

MAR 19 1928

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

Do not use this space.

1. PLACE OF DEATH

County *Lewis*
Township *Waverly*
City *Waverly*

Registration District No. *207*
Primary Registration District No. *7184*

File No. *4471*
Registered No. *10*
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(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. (if nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov-5-1853*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>74</i>	<i>2</i>	<i>12</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Real Estate Agent*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Bloomington Ill.*
(STATE OR COUNTRY) *Ill. Co*

10. NAME OF FATHER *Eliash. Ellis*

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

12. MAIDEN NAME OF MOTHER *Grace Conroy*

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

14. INFORMANT *Mr. Bill Ellis*
(Address) *Waverly Mo*

15. FILED *2/17-28* 19 *28* *J. S. Grooms* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 17 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 17 1928* to *Feb 17 1928* that I last saw him alive on *Feb 17 1928* and that death occurred, on the date stated above, at *11:50 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart
Dehydration with
5B. Broken Compensation

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *John Starker* M. D.
Feb 17, 1928 (Address) *Waverly 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 *D. C. O. 7* DATE OF BURIAL *Feb 20 1928*

20. UNDERTAKER *G. S. Grooms* ADDRESS *Waverly 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.

