

P 27 1926

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

Do not use this space.

28133

1. PLACE OF DEATH
 County Pettis Registration District No. 6.68
 Township Sedalia Primary Registration District No. 3032
 City Sedalia St. _____ Ward _____

2. FULL NAME Rev William C Ellis
 (a) Residence No. 421 W Morgan St. Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 228
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs F.M. Ellis
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 27-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 8 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work minister
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1926
 17. I HEREBY CERTIFY, That I attended deceased from _____, 1926, to Aug 14, 1926, 19____, that I last saw him ~~alive~~ alive on Aug 14, 1926, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
31 (duration) 2 yrs. 5 1/2 mos. da.
 CONTRIBUTOR (SECONDARY) Possibly Influenza
 (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Copper Co
 10. NAME OF FATHER Robert Ellis
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Archie Williams
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, Possibly Columbia, Mo
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Tested for some
 (Signed) T. F. Brooks, M. D.
 (Address) Sedalia, 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.

14. INFORMANT Agellia Hopkins
 (Address) 421 W Morgan St.
 15. FILED 8-18 1926 J. L. Love REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia, Mo. DATE OF BURIAL Aug 19 1926
 20. UNDERTAKER W. A. Gardner ADDRESS Sedalia

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.

11. 11. 11.

11.

11.

11.

11.