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

Do not use this space.

18350

2395

**1. PLACE OF DEATH**

County Jackson Co — Registration District No. ..... — File No. 2395

Township Kansas — Primary Registration District No. ..... — Registered No. .....

City Kansas City Mo (No. 2213 Tiston St Industrial Hosp ..... Ward)

**2. FULL NAME** Bert Todd Ellis

(a) Residence. No. 2213 Tiston St St., 12 Ward. Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 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) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 - 1907

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | 11 | 17 | |

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 Sheffield Steel Co

9. BIRTHPLACE (CITY OR TOWN) Oak Grove Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Elmer Ellis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Tovah Todd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holden Mo
(STATE OR COUNTRY)

14. INFORMANT Elmer Ellis
(Address) 2213 Tiston St K City

15. FILED 5/25, 1929 M. M. Crowe asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/25 1929

17. Deputy Coroner
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 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fracture of Skull

205M

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accidental - Was Injured at Steel Plant at Sheffield Hit by chain on crane (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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D.
5/25, 1929 (Address) Judge 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 | DATE OF BURIAL |
|---|---|
| Oak Grove Mo | Mg 26 1929 |
| 20. UNDERTAKER | ADDRESS |
| Ott & Mitchell | Ted 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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Kissinger