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

Do not use this space.

31468

1. PLACE OF DEATH
County Newton — Registration District No. 611
Township — Primary Registration District No. 4365
City Seneca (No.) St. Ward)

File No.
Registered No.

2. FULL NAME Ella Dee Wallis
(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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widdow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: C. W. Wallis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 6-1887

7. AGE: YEARS 41 — MONTHS 10 — DAYS 25 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Parris
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John T. Barmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Morgan Town
(STATE OR COUNTRY): West Virginia
12. MAIDEN NAME OF MOTHER: Nellie Poffage
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Parris
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. E. M. McCarty
(Address): Ashdown Ark.

15. FILED 9/3 1929 C. E. Norris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Sept 1, 1929, that I last saw her alive on Sept 1, 1929, and that death occurred, on the date stated above, at 12-15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis (Chronic)
130
126
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cholelithiasis
(duration) 5 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?
(Signed) N. C. Barnard, M. D.
, 19 (Address) Seneca 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: Sharlin Cemetery — DATE OF BURIAL: Sept. 2 1929

20. UNDERTAKER: B. W. Buzzard — ADDRESS: Seneca Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.