

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

Do not use this space.

38294

1. PLACE OF DEATH

County St. Louis Registration District No. 190
 Townshp. Clayton MO Primary Registration District No. 0033
 City St. Hanley (No. 116 S.) St. _____ Ward _____

2. FULL NAME

Nellie Ellis
 (a) Residence. No. 116 S. Hanley St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Coal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 1883

7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min. abt 46

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)

St. Louis (STATE OR COUNTRY) Mo

10. NAME OF FATHER Herbert France

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

12. MAIDEN NAME OF MOTHER France

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

14. INFORMANT Mrs. France (Address) 120 S. Hanley

15. FILED mm 2029 R. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1929

17. HEREBY CERTIFY, That I attended deceased from _____ to _____ that I last saw her alive on Nov 18 1929 and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
 (duration) 3 hrs

CONTRIBUTORY (SECONDARY) arterio sclerosis
 (duration) 2 yrs mos. da.

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? Physic
 (Signed) H. L. Moberg, M. D.

11/19, 1929 (Address) Clayton 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 Muncie Mo. DATE OF BURIAL 11/21 1929

20. UNDERTAKER W.C. Gordon Und. Co ADDRESS 2649 Morgan

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.

WITH UNFADING INK... THIS IS A PERMANENT RECORD

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