

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.

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

Do not use this space.

206

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph

Registration District No.

85

Primary Registration District No.

1001

File No.

Registered No.

48

St.

Ward)

2. FULL NAME

(a) Residence. No.
(Usual place of abode)

St.

Ward.

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

S.

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

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

Nov 1 1929

7. AGE

0

YEARS

MONTHS

2

DAYS

10

If LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Home

(b) General nature of industry,
business, or establishment in
which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Amity Mo

10. NAME OF FATHER

J. F. Ellis

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

New Amity Mo

12. MAIDEN NAME OF MOTHER

Verna D. Williams

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

Amity Mo

14.

INFORMANT

(Address)

Mr. M. Williams
Amity Mo

15.

FILED

JAN 13 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 11 1930

17.

I HEREBY CERTIFY, That I attended deceased from
Dec 21, 1929, to Jan 11, 1930,
that I last saw him alive on Jan 11, 1930, and that
death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - Lobes Right
Lung
100 g

157C (duration) yrs. mos. 17 ds.
CONTRIBUTORY Congenital Heart Disease
(SECONDARY)

(duration) yrs. 2 mos. 10 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? X Ray

(Signed) W. Rager Moore, M. D.

1/13/30 (Address) St Joseph 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

Amity Mo

Jan 12 1930

20. UNDERTAKER

ADDRESS

Heeman Funeral Home

1946 Colburn

