

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

Do not use this space.

2864

1. PLACE OF DEATH

County _____
Township _____
City St. Louis, Mo.

Registration District No. 1003

Primary Registration District No. Darnall Cancer Hospital

File No. _____
Registered No. 308
St. _____ Ward _____

2. FULL NAME

Thomas Ellis

(a) Residence. No. _____ St. 21 Ward. 1708-7th St. Perry Iowa
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 20-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 4 19

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) Odd Jobs
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Macon, Ga. Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER William Ellis

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

12. MAIDEN NAME OF MOTHER Lucinda Coggage

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

14. INFORMANT (Address) Ruth Mc. Winkler
Darnall Cancer Hospital

15. FILED Nov 10 1930 Max C. Stanley
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1929, to Jan. 9, 1930 that I last saw him alive on Jan. 9, 1930 and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of buccal membrane of mouth with probable metastasis to the brain.
According to history 7 mos. da.

CONTRIBUTORY (SECONDARY) 45c
53c (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct. 19-1929

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Microscopic
(Signed) Georg N. Magnus M. D.

Jan. 9, 1930 (Address) 3427 Wood Ave. St. Louis, 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 ST. Peters cem. DATE OF BURIAL 1/10 1930

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton

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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