JUL 21 1930

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

Do not use this space.

18680

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 709

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME James F. Ellison,

(a) Residence. No. 2206 Edmond St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 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 Margaret Ellison,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13th. 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	66	6	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night Watchman,

(b) General nature of industry, business, or establishment in which employed (or employer) Retail Drug Store

(c) Name of employer Katz Drug Company,

9. BIRTHPLACE (CITY OR TOWN) Allejoy, (STATE OR COUNTRY) Georgia,

PARENTS

10. NAME OF FATHER Adolphus Ellison,

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

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT Mrs L E Snodgrass (Address) 504 North 26th. Street.

15. FILED 6/20 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1930

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1930, to June 18, 1930 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 9:50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis General

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrage

(duration) yrs. mos. 7 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? Clin

(Signed) M S Gray M. D.

6/20 1930 (Address) Kirk Patrick Bldg 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
St. Joseph Memorial Park Cemetery	June 20, 1930
20. UNDERTAKER	**ADDRESS**
Heaton-BeGale & Bowman	319 S. 10 St.

Funeral Home

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.