

UL 24 1930

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

Do not use this space.

20225

1. PLACE OF DEATH

County Adair Registration District No. 65-1
Township Adair Primary Registration District No. 5-863
City Adair (No.) St. Ward

File No.
Registered No. 78 St. Ward

2. FULL NAME

Lillie May Ellison
(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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

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

17. I HEREBY CERTIFY, That I attended deceased from June 13 1930 that I last saw him alive on about 1st June 1930, and that death occurred, on the date stated above, at June 13 3 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 22

Calculus
119R / 13B (duration) yrs. mos. 20 ds.

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

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)

10. NAME OF FATHER Alex Ellison

19. DID AN OPERATION PRECEDE DEATH?

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

20. WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Thomas Saulsbury

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. R. ..., M. D. (Address) Steels MO

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

14. INFORMANT Alex Ellison (Address) Steels MO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ant Zion chrs DATE OF BURIAL 6-14 1930

15. FILED July 10 1930 Ada Martin REGISTRAR

20. UNDERTAKER Sumner and Co ADDRESS Steels MO

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

