

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

Do not use this space.

20966
~~21164~~

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 1711) M. Harrison St. Ward)

File No.
Registered No. 5784
St. Ward)

2. FULL NAME

(a) Residence. No. 1711 M. Harrison St. 11 Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Ellis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 13 1874</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>1</u>	DAYS <u>29</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Old job</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
PARENTS	10. NAME OF FATHER <u>Wiley Ellis</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	12. MAIDEN NAME OF MOTHER <u>Jolly White</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
14. INFORMANT <u>Beatrice Brown</u> (Address) <u>1711 M. Harrison</u>		

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930, to June 12, 1930, that I last saw him alive on June 12, 1930, and that death occurred, on the date stated above, at 7:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
2nd time

(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) HBP & Arteriosclerosis
(duration) yrs. mos. ds. 2

18. WHERE AND DISEASE CONTRACTED
At home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Opinion
(Signed) Dr. Heath M. D.
. 1930 (Address) 1711 M. Harrison

*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 <u>Walter Jackson</u>	DATE OF BURIAL <u>6-15-1930</u>
20. UNDERTAKER <u>State Funeral Home</u>	ADDRESS <u>4107 Finney Ave</u>

FILED 15 1930 Walter C. Winkler REGISTRAR

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.

