

SEP 25 1930

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

Do not use this space.

23509

1. PLACE OF DEATH
County McDonald
Township Elk River
City Noel (No.)

Registration District No. 963
Primary Registration District No. 5692

File No. 76
Registered No. 10
St. Ward)

2. FULL NAME David Henry Ellis

(a) Residence. No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

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

10. NAME OF FATHER David Ellis

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT Maud Lee Ellis
(Address) Noel Mo

15. FILED 7/23, 1930 J. L. Minton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928 to July 19, 1930
that I last saw him alive on July 19, 1930 and that death occurred, on the date stated above, at 10:5 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

82A
..... yrs. 1 mos. 20 ds.

CONTRIBUTORY (SECONDARY) 14001
..... yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Symptomatic
(Signed) J. L. Minton M. D.
, 19 (Address) Noel 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 Pinville Cem DATE OF BURIAL July 23, 1930
20. UNDERTAKER Lee Corneal ADDRESS Pinville 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.

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