

SEP 24 1930

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

Do not use this space.

26147

1. PLACE OF DEATH

County Cedar Registration District No. 166  
Township Washington Primary Registration District No. 5237  
City (No. ....) St. .... Ward)

2. FULL NAME

John T Ellerman  
(a) Resided 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. 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 Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
62 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Cedar County MO

10. NAME OF FATHER W. H. Ellerman

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

12. MAIDEN NAME OF MOTHER Mollie Ahde

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

14. INFORMANT Herman Ellerman  
(Address) Stockton MO

15. FILED 9-6, 1930 H.A. Simrell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April, 1928, to Aug 12, 1930 that I last saw him alive on Aug 14, 1930 and that death occurred, on the date stated above, at 8 21 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

CHA

CONTRIBUTORY (SECONDARY)

7401

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Simrell M. D.

9/5, 1930 (Address) Captlinges Mill

\*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

Hackleman

20. UNDERTAKER

Davis & Co

DATE OF BURIAL

8-13 1930

ADDRESS

Stockton

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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