

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.

OCT 28 1930

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

Do not use this space.

29150

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. Sisters Hospital)

File No.

Registered No. 1000

St.

Ward

2. FULL NAME

(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.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Della Ellis

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

Sept. 21, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

11

15

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Fountain Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Darcus Atterbury

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Indiana

14.

INFORMANT

Mrs. Ellis

(Address)

Amity, Missouri

15.

FILED

19

John G. Ellis
at St. Joseph

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 6, 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1930, to Sept 6th, 1930 that I last saw h. alive on Sept 6, 19, and that death occurred, on the date stated above, at 8:10 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General peritonitis from a gangrenous ruptured appendix

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic interstitial nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

St. Joseph, Mo.
Sept 5th 9 Pm
abdomen drained
Physical examination
J. H. Thompson, M. D.

526 . 1930 (Address)

825 Charles

*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

Amity, Missouri

Sept. 8, 1930

20. UNDERTAKER

ADDRESS

Sheehan Funeral Home

1946 Calhoun

