

X. 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.

NOV 28 1930

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

Do not use this space.

33942

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township 1st Primary Registration District No. 6018A
 City (No. St. Ward)

File No.
 Registered No. 146

2. FULL NAME Ellis Black
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 21 1907</u>				
7. AGE	YEARS <u>23</u>	MONTHS <u>1</u>	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
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>.....</u> (c) Name of employer <u>.....</u>				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co., Mo.</u>				
PARENTS	10. NAME OF FATHER <u>Wm C. Black</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co., Mo.</u>			
	12. MAIDEN NAME OF MOTHER <u>Jarrette</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Co., Mo.</u>				
14. INFORMANT <u>Wm Black</u> (Address) <u>No 4 Farmington, Mo</u>				
15. FILED <u>10-24-30</u> <u>T. J. Robinson</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Oct 22 1930</u>
17. I HEREBY CERTIFY, That I attended deceased from <u>Oct 4</u> , 19 <u>30</u> to <u>Oct 22</u> , 19 <u>30</u> , that I last saw h.i.l. alive on <u>Oct 22</u> , 19 <u>30</u> and that death occurred, on the date stated above, at <u>11:25 P</u> m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Typhoid Fever.</u>
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) <u>.....</u> (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH <u>.....</u>
DID AN OPERATION PRECEDE DEATH? DATE OF <u>.....</u>
WAS THERE AN AUTOPSY? <u>.....</u>
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) <u>S. L. Watkins</u> M. D. <u>Oct 24, 1930</u> (Address) <u>Farmington Mo</u>
*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>Knob Hill Cemetery</u> DATE OF BURIAL <u>10/24/30</u>
20. UNDERTAKER <u>Heident and Co</u> ADDRESS <u>Farmington</u>

