

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

Do not use this space.

37708

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City St. Louis (No. St. John's Hospital) St. Ward)

File No.
 Registered No. **10797**

2. FULL NAME

(a) Residence. No. Spencer Ellsworth
1500 Summit Ave. St. 12 Ward. East St. Louis, Ill.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 12 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet J. Ellsworth				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1858				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	4	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Secy. & Treasure**
 (b) General nature of industry, business, or establishment in which employed (or employer). **East St. Louis Park Board**
 (c) Name of employer **Elkader,**

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

Elkader, Iowa

PARENTS

10. NAME OF FATHER **Spencer Ellsworth**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Henry Co. Illinois**
 12. MAIDEN NAME OF MOTHER **Lucy McCullum**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14.

INFORMANT **M. V. Joyce**
 (Address) **1065 Pa. Ave. East St. Louis**

15.

FILED **NOV 16 1930** **Max C Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 15, 1930**
 17. I HEREBY CERTIFY, That I attended deceased from **May 1915**, 19... to **Nov 15**, 19**30** that I last saw him alive on **Nov 14**, 19**30** and that death occurred, on the date stated above, at **1 1/2** m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS: **1 1/2**

Ulcer of Duodenum

11 1/2 (duration) **15** yrs. mos. ds.
 CONTRIBUTORY **Acute dilatation of Stomach** (SECONDARY) Duration yrs. mos. **2** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **East St. Louis**
 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **10/28/30**
 WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS **Operation & symptoms**
 (Signed) **John West Deane** M. D.

11/15 19**30** (Address) **816 Metropolitan Bldg**

*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

East St. Louis, Ill DATE OF BURIAL **Nov. 17, 1930**

20. UNDERTAKER

Curry's Undertaking Co. ADDRESS **East St. Louis Illinois**

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.

