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.

FEB 23 1931

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

1. PLACE OF DEATH
County Dunklin
Township Holcomb
City R.F.D. (No. ..... St. ..... Ward)
Registration District No. 284
Primary Registration District No. 5404
File No. 770
Registered No. .....

2. FULL NAME C. W. Ellis
(a) Residence. No. White Oak Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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~~ ~~Lewis~~ Ellis
Rosamond Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10-1896

7. AGE: ~~26~~ 34 YEARS ~~1895~~ MONTHS 9 ~~March~~ DAYS 24 ~~10~~ If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer Work
(b) General nature of industry, business, or establishment in which employed (or employer): J. D. Smith
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Ark

PARENTS
10. NAME OF FATHER: Nath Ellis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Jane Keith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Albert Ellis
(Address) Puggett Ark RFD #1

15. FILED 1-7, 1931 J. A. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/4th 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1930, to ....., 19.., that I last saw h..... alive on Nov 27th, 1930, and that death occurred, on the date stated above, at 10-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23P
Dont know (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) unknown
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Lab John E. Cochran, M.D.
1-5, 1931 (Address) Holcomb 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: McCullough Cemetery
DATE OF BURIAL: 1/5 1931

20. UNDERTAKER: Baldwin Med Co
ADDRESS: Kennett Mo.