

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.

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

Do not use this space.

1857  
72

1. PLACE OF DEATH

County Johnson  
Township Warrensburg  
City Warrensburg (No. ...., ..... St. .... Ward)

Registration District No. 431  
Primary Registration District No. 3023

File No. ....  
Registered No. ....

2. FULL NAME Alice Blanch Ellis

(a) Residence. No. North Maguire 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  
Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 26. 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 3 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 35  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma, 2

PARENTS  
10. NAME OF FATHER Thomas E Root  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 31  
12. MAIDEN NAME OF MOTHER Cecelia Boyd  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs Sallie Shuck (Address) Warrensburg, Mo.

15. Jan 21, 1931 Mrs Sallie Shuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 16, 1931, that I last saw him alive on Jan 16, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia  
107A

CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF ①  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) P. Z. Bradley, M. D.  
. 19 (Address) Warrensburg, 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 DATE OF BURIAL  
El is Cemetery Jan 18 1931

20. UNDERTAKER ADDRESS  
S. R. Sweeney, Warrensburg, Mo

