

MAR 28 1934

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

Do not use this space.

6804

1. PLACE OF DEATH
County Polk
81 Township Dixon
City (Name)

Registration District No. 678
Primary Registration District No. 5902

File No.
Registered No.
St. Ward

2. FULL NAME Eugene Ellis
(a) Residence No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (Write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1934

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

17. I HEREBY CERTIFY That I attended deceased from Feb 1 1934 to Feb 20 1934 that I last saw him alive on Feb 6 1934, and that death occurred, on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 14 1909

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
"Bronch"

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 | 11 | 6 | day, hrs. or min.

107A
(duration) yrs. mos. da. 21 da.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ah house
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY none (SECONDARY)
(duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER Bennie Ellis

19. DID AN OPERATION PRECEDE DEATH No DATE OF
WAS THERE AN AUTOPSY No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lowa
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) J. F. Mitchell M.D.

12. MAIDEN NAME OF MOTHER Myra Ellis

2-20-34 (Address) Rolla Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lowa
(STATE OR COUNTRY)

*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.

14. INFORMANT Asa J. W.
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dallas Cemetery DATE OF BURIAL Feb 21 1934

15. FILED 2-23-34 Henry H. Weston
REGISTRAR

20. UNDERTAKER B. R. Hopkins ADDRESS Dallas Mo

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.

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

2-31
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF BIRTH

County Phelps
Township Dillon
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 678
Primary Registration District No. 5902

File No. _____
Registered No. _____

2. FULL NAME

Eugene Ellis
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 2-23-1931

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1931

22. I HEREBY CERTIFY That I attended deceased from _____ to _____ 19 _____

I last saw h. _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

Henry J. Walters
Registrar

N. B. - If any 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-6604