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

Do not use this space.

10986

1. PLACE OF DEATH

78 County Pemiscot Registration District No. 661 File No.

Township ~~Braggadocio~~ Primary Registration District No. 5-8 62 Registered No. 33

City Little Prairie (No. St. Ward)

2. FULL NAME Wm Carl Ellis

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

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

7. AGE About 81 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. Farmer 1

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) ~~Month~~ Feb. 1931

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

FATHER

13. NAME Wyley Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 31

MOTHER

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) W. P. Ellis Braggadocio Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Caruthersville DATE Apr. 1 1931

19. UNDERTAKER (ADDRESS) H. S. Smith Caruthersville, Mo.

20. FILED April 8 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1931 to 3/31 1931

I last saw him alive on 3/31 1931. Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Hypertrophied heart — Date of onset Mar. 1, 31

95B

162

95B

Other contributory causes of importance:

Senility

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy? No

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? None

If so, specify

(Signed) L. D. Denton, M. D.

(Address) Braggadocio Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

(MARGIN RESERVED FOR BINDING)

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.

APR 25 1931

V. S. No. 2.