

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

Do not use this space.

20286

**1. PLACE OF DEATH**

County Stoddard  
Township Castor  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 837  
Primary Registration District No. 6099

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** Ellis Edward

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>60</u>		<u>-</u>		

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Don't know

14. INFORMANT Aly Marnet  
(Address) 1409 1/2 W. Bloomfield

15. June 31 1931 Edw. Ford  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 8 - 1931

17. I HEREBY CERTIFY, That I attended deceased from aprox 15 1931, to May 8 1931, that I last saw him alive on May 7 1931 and that death occurred, on the date stated above, at 2:30 A m.

168 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Insular Insular death  
23A Slit knife in heart  
was entering great Pulmonary P. B.  
and killed (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) E. A. Marnet, M. D.  
. 19 (Address) 1409 1/2 W. Bloomfield

\*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 Co Home DATE OF BURIAL 5-9 1931

20. UNDERTAKER J. A. Childs & Co Bloomfield  
ADDRESS \_\_\_\_\_

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.

WRITE PLAINLY, WITH PERMANENT RECORD

MAY 20 1931

PARENTS

