

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Oak Hill
City _____

Registration District No. 234
Primary Registration District No. 3319

File No. 20986
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Fletcher Ellis

(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. (If nonresident, give city or town and State)

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 Martha Ellis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1845
7. AGE YEARS 86 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Planning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. id
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1931
22. I HEREBY CERTIFY That I attended deceased from _____ 1927, to _____ 1931
I last saw him alive on June 19, 1931. Death is said to have occurred on the date stated above, at 2:50 p. m.
The principal cause of death and related causes of importance were as follows:
Uremia Date of onset June 1931
Prostatitis June 1931
Chronic Nephritis June 1928
Other contributory causes of importance:
Cremation Date of operation June 23, 1931
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) M. C. Spurgeon, M. D.
(Address) Peck, Okfus mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross Ohio
13. NAME Morris R. Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Jane Moyline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT Bess Ellis (ADDRESS) Jabu Prairie Mo
18. BURIAL, CREMATION, OR REMOVAL Chapel PLACE Chapel DATE June 22, 1931
19. UNDERTAKER J. E. Holloway (ADDRESS) Kuba mo
20. FILED June 29, 1931 Sam C. Bayless Registrar.

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.

JUL 23 1931

MARGIN RESERVED FOR BINDING

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