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.

SEP 24 1931

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

Do not use this space.

28818

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Moran — Primary Registration District No. 3079 — Registered No. 225
City Hannibal (No. 601, S Main St. 4 Ward)

2. FULL NAME Roy A. Ellsworth
(a) Residence, No. 601 S Main St., 4 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1882
7. AGE YEARS 48 MONTHS 11 DAYS 8 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. Labor
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) Adams Co Ill

FATHER
13. NAME Edward Ellsworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian

MOTHER
15. MAIDEN NAME Angeline Basford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mr. Harry Ellsworth Hannibal Mo.
18. BURIAL, CREMATION, OR REMOVAL Plainville Cl.
PLACE Shiloh Cemetery DATE 8-16-1931
19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo.
20. FILED Aug 15, 1931 E Cousins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Aug 14, 1931
I last saw him alive on Aug 13, 1931. Death is said to have occurred on the date stated above, at 3:23 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Gen'l [illegible] 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) A. L. Shanks, M. D.
(Address) Hannibal Mo