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

Do not use this space.

35382

1. PLACE OF DEATH
County: Clark
Township: Monroe
City: [illegible] (No. ..... St. ..... Ward)
Registration District No.: 710
Primary Registration District No.: 5939
File No.:
Registered No.:

2. FULL NAME: Thomas C. Ellison

(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.

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 important.

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: Jonas L. Ellison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 14, 1849

7. AGE: Years 81 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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): Indiana Township, Missouri

FATHER
13. NAME: Abe Ellison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

17. INFORMANT (ADDRESS): [illegible]

18. BURIAL, CREMATION, OR REMOVAL: [illegible]
PLACE: Rock Prairie DATE: Nov 1, 1931

19. UNDERTAKER (ADDRESS): [illegible] Oct 29th

20. FILED: Nov 6, 1931 Estelle Benton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 28, 1931
I last saw him alive on Oct 28, 1931. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
46F	

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) W. E. Albright, M. D.
(Address) Belleaunt Hoff Mo