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.

MAR 1 1932

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

Do not use this space.

3605

1. PLACE OF DEATH
County Clair
Township Kincaid
City ..... (No. ..... St. ..... Ward)

Registration District No. 2
Primary Registration District No. 5002

File No. .....
Registered No. 1

2. FULL NAME Louis Ellsworth

(a) Residence. No. ..... St., ... 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 F
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 Rufus Ellsworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	11	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joshway White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) dont know
12. MAIDEN NAME OF MOTHER dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) dont know

14. INFORMANT Mr Floyd H. Ellsworth
(Address) Novinger Mo

15. FILED 2/23, 1932 J S Gashwiler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1932

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1922 to Feb 23, 1932 that I last saw her alive on Feb 10, 1932, and that death occurred, on the date stated above, at 12 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
92A (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 120
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H T Garrison, M. D.
Feb 23, 1932 (Address) Novinger Mo

*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 Novinger Cemetery
DATE OF BURIAL Feb 24 1932

20. UNDERTAKER Llewellyn & Son
ADDRESS Novinger Mo