

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

Do not use this space.

5314

**1. PLACE OF DEATH**

59 County Dwightston Registration District No. 508  
Township Chellieath Primary Registration District No. 3026  
City Chellieath (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 22

**2. FULL NAME**

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Chambers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31-1887</u>		
7. AGE	YEARS <u>94</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation <u>-</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kildare Co Ireland</u>		<u>15</u>
FATHER	13. NAME <u>John E. Ellis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ellen Quisley Chellieath Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookfield</u>	DATE <u>Feb 24 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Jas W. Gordon</u>		
20. FILED <u>2/24 32 R. Barney</u>	DATE <u>2/25/32</u>	REGISTRAR <u>R. Barney</u>

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1932, to Feb 28, 1932  
I last saw her alive on Feb 22, 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia  
Influenza  
Other contributory causes of importance: None  
Date of onset 2/20/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Specimen upon where 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) J. H. Powell M.D., M. D.  
(Address) Chellieath Mo

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.

MAR 25 1932

