

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

Do not use this space.

8988

1. PLACE OF DEATH

County Johnson
Township Montserat
City (No. _____)

Registration District No. 431
Primary Registration District No. 5593

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

2. FULL NAME Wm. Silas Ellis

(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>M</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie C. Ellis</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8, 1868</u> | | |
| 7. AGE YEARS <u>63</u> | MONTHS <u>8</u> | DAYS <u>6</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>Farmer</u> | 11. Total time (years) spent in this occupation <u>1</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co

FATHER 13. NAME Robert Ellis

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME Emma Taffner

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V.A. 2

17. INFORMANT Mrs. Wm. Ellis
(ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adams Cem DATE Mar 16 1932

19. UNDERTAKER Sweeney Phillips
(ADDRESS) Warrensburg, Mo.

20. FILED Mar 17 1932 Miss Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to Mar 14, 1932

I last saw him alive on March 14, 1932 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Uraemia
Chronic Interstitial Nephritis
Myocarditis
Other contributory causes of importance: 131
132B

Date of onset
3/12/32

Name of operation None 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? No

If so, specify _____

(Signed) J. D. [Signature], M. D.

(Address) Lebanon Mo.

1932 5 1932

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson
Township Montreat
City (No.)

Registration District No. 431
Primary Registration District No. 559 3

File No.
Registered No.
St. Ward

2. FULL NAME

Wm. Silas Ellis

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs Nellie C. Ellis (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 8 6

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)

MOTHER FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER Warrens Phillips by R. O. Phillips (ADDRESS) Warrensburg, Mo.

20. FILED

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

SUPPLEMENTARY

Date of onset

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) , M. D.
(Address)

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

State of Missouri

SS

County of Johnson

I, R. Q. Phillips, make oath and say that I made the original report to the Bureau of Vital Statistics concerning the death of William Silas Ellis of Montserrat Township, Johnson county, Missouri who died suddenly, Registration District #431; Primary Registration District #5593, who died March 14, 1932;

That the information for same, aside from that of my own personal knowledge of the death and interment, was given me among the family, all of whom were in a state of great agitation and distress, the death having been quite sudden; some of Mrs. Ellis' relatives were endeavoring to assist her. In so doing, there was confusion as to date of birth. The date within shown is that given by Mrs. Ellis from data furnished her by her husband, and is believed to be correct and accurate. The report is, therefore amended to conform to the facts.

R. Q. Phillips.

Subscribed and sworn to before me this June 4, 1932.

My Commission expires March 14, 1933

S. R. Sweeney
Notary Public in and for
Johnson County, Missouri.

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