

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

Do not use this space.

41191

**1. PLACE OF DEATH**

County Randolph  
Township \_\_\_\_\_  
City Clifton Hill (No. \_\_\_\_\_)

Registration District No. 731  
Primary Registration District No. 4436

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Nora D. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Sam W. Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Hardin Ill. 2

FATHER 13. NAME Steven G. Lewis

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

MOTHER 15. MAIDEN NAME Julia Gapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calvin W. Ill

17. INFORMANT (ADDRESS) Sam W. Ellis Clifton Hill

18. BURIAL, CREMATION, OR REMOVAL, PLACE Clifton Hill DATE Jan 2, 1933

19. UNDERTAKER (ADDRESS) Tom B. Weston Anwarville Mo

20. FILED January 3, 1933 Mary J. Shivers Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932, to Dec 31, 1932. I last saw her alive on Dec 31, 1932. 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:  
Lobar Pneumonia

Other contributory causes of importance: 108  
1

Date of onset Dec 25

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) W. A. Alumbaugh, M. D.  
(Address) Clifton Hill Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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