MAR 31 1933

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.

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

Do not use this space.

8124

File No.

Registered No.

1. PLACE OF DEATH
County Lafayette
Township Elmwood
City Blackburn (No. ..... St. ..... Ward)

Registration District No. 793
Primary Registration District No. 4474

2. FULL NAME Dr Clinton P. Ellis
(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. 2 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do not know
7. AGE YEARS 54 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattle Doctor
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) Waynetown, Indiana

FATHER
13. NAME Clinton Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Eunice Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana USA

17. INFORMANT (ADDRESS) Mrs Mabel Harwood Kansas City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackburn Ind. DATE Feb 20 1933
19. UNDERTAKER (ADDRESS) Hoefer & Meinershagen Blackburn Mo
20. FILED Feb 20 1933 Lucile Steinbrecht Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933 to Feb 17, 1933
I last saw him alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 7.15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Kidney from Kick of Horse	Dec 1932
188	
118	
188	
Other contributory causes of importance:	
1554	68
Influenza	Feb 11 1933

Name of operation T Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec, 1932
Where did injury occur? Down Tonfayette Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Inchsley
Manner of injury Kick from horse
Nature of injury Abscess from Kidney

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes. Not was Veterinary
(Signed) G. A. Richard, M. D.
(Address) Blackburn Mo