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.

11866

File No.

Registered No. 2988

1. PLACE OF DEATH

County ..... Registration District No. 781

Township St Louis Mo Primary Registration District No. 1006

City (No. City Hospital #2 St. Ward)

2. FULL NAME Bubry Ellis

(a) Residence, No. 1218 N. 17th St., 225 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: Col

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) 3-8-33

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 2 hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Washington Ellis

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

MOTHER

15. MAIDEN NAME Ella Scott

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

17. INFORMANT Dr Gertrude Creath (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield DATE 3-30-1933

19. UNDERTAKER Roy Caston (ADDRESS) 2445 Lucas

20. FILED MAR 29 1933 1933 Chas C. Harden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8- 1933, to 3-8- 1933

I last saw h alive on 1933, 19 Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
159	
Premature	6½ mo

Other contributory causes of importance:

159

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) C. Smith, M. D.

(Address) City Hospital #2