

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

Do not use this space.

22972

1. PLACE OF DEATH
 45 County Howard, Registration District No. 378
 Township..... Primary Registration District No. 4222
 42 City Fayette, (No.....) St. Ward)

2. FULL NAME Annie McOutcheon, 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.

File No.....
 Registered No. 53
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Ellis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/30/1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>81</u>		<u>9</u>	<u>23</u>	

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.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Missouri
 (STATE OR COUNTRY)

FATHER
 13. NAME John M. Ellis.
 14. BIRTHPLACE (CITY OR TOWN)..... Kentucky.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Fanny Tutt.
 16. BIRTHPLACE (CITY OR TOWN)..... Missouri.
 (STATE OR COUNTRY)

17. INFORMANT Mrs R.R. Fleet.
 (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Pilot Grove. DATE 7/25/33, 1933

19. UNDERTAKER Guy T. Halley.
 (ADDRESS) Fayette, Mo.

20. FILED Aug. 1, 1933 V. C. Bonham
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23/33, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb. 1933 to July 23, 1933
 I last saw her alive on July 23, 1933. Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma
of 6 B
162 46
 Other contributory causes of importance:
Cachexia & malnutrition

Name of operation none Date of.....
 What test confirmed diagnosis? ray 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? no
 If so, specify.....
 (Signed) Mr. J. Shaw, M. D.
 (Address)

Date of onset
1932

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.

Aug 20 1933

