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

Do not use this space.

39630

File No. .....
Registered No. 73 —

JAN 23 1934

1. PLACE OF DEATH
County: Dent — Registration District No.: 266
Township: Spring Creek — Primary Registration District No.: 3370
City: Salem (No. ..... St. ..... Ward)

2. FULL NAME: John Jackson 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: 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Jane Ellis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 19 — 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	9	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co Mo.

PARENTS
10. NAME OF FATHER: John Ellis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Elizabeth Shoaf
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT: Sarah Jane Ellis
(Address): Salem Mo.

15. FILED 12/9 1933 W. E. Kudd, Co. Clk.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): December 8 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933, to Dec 8th, 1933, that I last saw h. ~~alive on~~ Dec 8, 1933, and that death occurred, on the date stated above, at 8 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis - mitral
Fell
Fell
(Duration) ..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cardiac failure - renal disease
(Duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Salem Missouri
IF NOT AT PLACE OF DEATH: —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History + Report
(Signed) F. E. Butt M.D. Carrie Butt
, 19 (Address) Salem Missouri

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cedar Grove Cem	12/10 1933
20. UNDERTAKER: N D Hobson	ADDRESS: Salem Mo

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.

THIS IS A PERMANENT RECORD